Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
0054T	BONE SRGRY CMPTR FLUOR IMAGE	-	-	7/1/2018	Not Allowed	$0.00
0055T	BONE SRGRY CMPTR CT/MRI IMAG	-	-	7/1/2018	Not Allowed	$0.00
0071T	US LEIOMYOMATA ABLATE <200	-	-	7/1/2018	Not Allowed	$0.00
0072T	FCSD US ABLTJ LEIOMYOM>=200	-	-	7/1/2018	Not Allowed	$0.00
0095T	RMVL ARTIFIC DISC ADDL CRVCL	-	-	1/1/2026	Not Allowed	$0.00
0098T	REV ARTIFIC DISC ADDL	-	-	1/1/2026	Not Allowed	$0.00
0100T	PROSTH RETINA RECEIVE&GEN	-	Y	7/1/2018	Not Allowed	$0.00
0101T	ESW MUSCSKEL SYS NOS	-	Y	7/1/2018	Not Allowed	$0.00
0102T	ESW PHY ANES LAT HMRL EPCNDL	-	Y	7/1/2018	Not Allowed	$0.00
0164T	REMOVE LUMB ARTIF DISC ADDL	-	-	1/1/2026	Not Allowed	$0.00
0165T	REVISE LUMB ARTIF DISC ADDL	-	-	1/1/2026	Not Allowed	$0.00
0174T	CAD CXR WITH INTERP	-	-	7/1/2018	Not Allowed	$0.00
0175T	CAD CXR REMOTE	-	-	7/1/2018	Not Allowed	$0.00
0184T	EXC RECTAL TUMOR ENDOSCOPIC	-	-	1/1/2021	Not Allowed	$0.00
0200T	PERQ SACRAL AUGMT UNILAT INJ	-	Y	7/1/2018	Not Allowed	$0.00
0201T	PERQ SACRAL AUGMT BILAT INJ	-	Y	7/1/2018	Not Allowed	$0.00
0202T	POST VERT ARTHRPLST 1 LUMBAR	-	-	1/1/2026	Not Allowed	$0.00
0213T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	Not Allowed	$0.00
0214T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	Not Allowed	$0.00
0215T	NJX PARAVERT W/US CER/THOR	-	Y	7/1/2018	Not Allowed	$0.00
0216T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	$0.00
0217T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	$0.00
0218T	NJX PARAVERT W/US LUMB/SAC	-	Y	7/1/2018	Not Allowed	$0.00
0219T	PLMT POST FACET IMPLT CERV	-	-	1/1/2026	Not Allowed	$0.00
0220T	PLMT POST FACET IMPLT THOR	-	-	1/1/2026	Not Allowed	$0.00
0221T	PLMT POST FACET IMPLT LUMB	-	-	1/1/2021	Not Allowed	$0.00
0222T	PLMT POST FACET IMPLT ADDL	-	-	1/1/2026	Not Allowed	$0.00
0232T	NJX PLATELET PLASMA	-	Y	7/1/2018	Not Allowed	$0.00
0238T	TRLUML PERIP ATHRC ILIAC ART	-	-	7/1/2018	Not Allowed	$0.00
0250T	INSERT BRONCHIAL VALVE	-	-	7/1/2018	Not Allowed	$0.00
0251T	REMOV BRONCHIAL VALVE	-	-	7/1/2018	Not Allowed	$0.00
0252T	REMOV BRONCH VALVE ADDL	-	-	7/1/2018	Not Allowed	$0.00
0253T	INSERT AQUEOUS DRAIN DEVICE	-	-	7/1/2018	Not Allowed	$0.00
0263T	IM B1 MRW CEL THER CMPL	-	-	7/1/2018	Not Allowed	$0.00
0264T	IM B1 MRW CEL THER XCL HRVST	-	-	7/1/2018	Not Allowed	$0.00
0265T	IM B1 MRW CEL THER HRVST ONL	-	-	7/1/2018	Not Allowed	$0.00
0274T	PRQ LAMOT/LAM DCMPR CRV/THRC	-	-	7/1/2018	Not Allowed	$0.00
0278T	TEMPR	-	-	7/1/2018	Not Allowed	$0.00
0308T	INSJ OCULAR TELESCOPE PROSTH	-	-	7/1/2018	Not Allowed	$0.00
0330T	TEAR FILM IMG UNI/BI W/I&R	-	-	7/1/2018	Not Allowed	$0.00
0331T	HEART SYMP IMAGE PLNR	-	-	7/1/2018	Not Allowed	$0.00
0332T	HEART SYMP IMAGE PLNR SPECT	-	-	7/1/2018	Not Allowed	$0.00
0335T	INSJ SINUS TARSI IMPLANT	-	-	7/1/2018	Not Allowed	$0.00
0338T	TRNSCTH RENAL SYMP DENRV UNL	-	-	7/1/2018	Not Allowed	$0.00
0339T	TRNSCTH RENAL SYMP DENRV BIL	-	-	7/1/2018	Not Allowed	$0.00
0342T	THXP APHERESIS W/HDL DELIP	-	-	7/1/2018	Not Allowed	$0.00
0347T	INS BONE DEVICE FOR RSA	-	-	7/1/2018	Not Allowed	$0.00
0348T	RSA SPINE EXAM	-	-	7/1/2018	Not Allowed	$0.00
0349T	RSA UPPER EXTR EXAM	-	-	7/1/2018	Not Allowed	$0.00
0350T	RSA LOWER EXTR EXAM	-	-	7/1/2018	Not Allowed	$0.00
0351T	INTRAOP OCT BRST/NODE SPEC	-	-	7/1/2018	Not Allowed	$0.00
0353T	INTRAOP OCT BREAST CAVITY	-	-	7/1/2018	Not Allowed	$0.00
0379T	VIS FIELD ASSMNT TECH SUPPT	-	-	7/1/2018	Not Allowed	$0.00
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	-	-	7/1/2018	Not Allowed	$0.00

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0397T	ERCP W/OPTICAL ENDOMICROSCPY	-	-	7/1/2018	Not Allowed	$0.00
0402T	COLGN CRS-LINK CRN&PACHYMTRY	-	-	7/1/2018	Not Allowed	$0.00
0408T	INSJ/RPLC CARDIAC MODULJ SYS	-	-	7/1/2018	Not Allowed	$0.00
0409T	INSJ/RPLC CAR MODULJ PLS GN	-	-	7/1/2018	Not Allowed	$0.00
0410T	INSJ/RPLC CAR MODULJ ATR ELT	-	-	7/1/2018	Not Allowed	$0.00
0411T	INSJ/RPLC CAR MODULJ VNT ELT	-	-	7/1/2018	Not Allowed	$0.00
0412T	RMVL CARDIAC MODULJ PLS GEN	-	-	7/1/2018	Not Allowed	$0.00
0413T	RMVL CAR MODULJ TRANVNS ELT	-	-	7/1/2018	Not Allowed	$0.00
0414T	RMVL & RPL CAR MODULJ PLS GN	-	-	7/1/2018	Not Allowed	$0.00
0415T	REPOS CAR MODULJ TRANVNS ELT	-	-	7/1/2018	Not Allowed	$0.00
0416T	RELOC SKIN POCKET PLS GEN	-	-	7/1/2018	Not Allowed	$0.00
0419T	DSTRJ NEUROFIBROMA XTNSV	-	-	7/1/2018	Not Allowed	$0.00
0420T	DSTRJ NEUROFIBROMA XTNSV	-	-	7/1/2018	Not Allowed	$0.00
0422T	TACTILE BREAST IMG UNI/BI	-	-	7/1/2018	Not Allowed	$0.00
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL	-	-	7/1/2018	Not Allowed	$0.00
0439T	MYOCRD CONTRAST PRFUJ ECHO	-	-	7/1/2018	Not Allowed	$0.00
0440T	ABLTJ PERC UXTR/PERPH NRV	-	-	7/1/2018	Not Allowed	$0.00
0441T	ABLTJ PERC LXTR/PERPH NRV	-	-	7/1/2018	Not Allowed	$0.00
0442T	ABLTJ PERC PLEX/TRNCL NRV	-	-	7/1/2018	Not Allowed	$0.00
0443T	R-T SPCTRL ALYS PRST8 TISS	-	-	7/1/2018	Not Allowed	$0.00
0444T	1ST PLMT DRUG ELUT OC INS	-	-	7/1/2018	Not Allowed	$0.00
0445T	SBSQT PLMT DRUG ELUT OC INS	-	-	7/1/2018	Not Allowed	$0.00
0446T	INSJ IMPLTBL GLUCOSE SENSOR	-	-	7/1/2018	Not Allowed	$0.00
0447T	RMVL IMPLTBL GLUCOSE SENSOR	-	-	7/1/2018	Not Allowed	$0.00
0448T	REMVL INSJ IMPLTBL GLUC SENS	-	-	7/1/2018	Not Allowed	$0.00
0449T	INSJ AQUEOUS DRAIN DEV 1ST	-	-	7/1/2018	Not Allowed	$0.00
0450T	INSJ AQUEOUS DRAIN DEV EACH	-	-	7/1/2018	Not Allowed	$0.00
0474T	INSJ AQUEOUS DRG DEV IO RSVR	-	-	7/1/2018	Not Allowed	$0.00
0479T	FXJL ABL LSR 1ST 100 SQ CM	-	-	7/1/2018	Not Allowed	$0.00
0480T	FXJL ABL LSR EA ADDL 100SQCM	-	-	7/1/2018	Not Allowed	$0.00
0481T	NJX AUTOL WBC CONCENTRATE	-	-	7/1/2018	Not Allowed	$0.00
0483T	TMVI PERCUTANEOUS APPROACH	-	-	7/1/2018	Not Allowed	$0.00
0484T	TMVI TRANSTHORACIC EXPOSURE	-	-	7/1/2018	Not Allowed	$0.00
0485T	OCT MID EAR I&R UNILATERAL	-	-	7/1/2018	Not Allowed	$0.00
0486T	OCT MID EAR I&R BILATERAL	-	-	7/1/2018	Not Allowed	$0.00
0488T	DIABETES PREV ONLINE/ELEC	-	-	7/1/2018	Not Allowed	$0.00
0505T	EV FEMPOP ARTL REVSC	-	-	1/1/2021	Not Allowed	$0.00
0510T	RMVL SINUS TARSI IMPLANT	-	-	1/1/2019	Not Allowed	$0.00
0511T	RMVL&RINSJ SINUS TARSI IMPLT	-	-	1/1/2019	Not Allowed	$0.00
0512T	ESW INTEG WND HLG 1ST WND	-	-	1/1/2019	Not Allowed	$0.00
0513T	ESW INTEG WND HLG EA ADDL	-	-	1/1/2019	Not Allowed	$0.00
0515T	INSJ WCS LV COMPL SYS	-	-	1/1/2021	Not Allowed	$0.00
0516T	INSJ WCS LV ELTRD ONLY	-	-	1/1/2021	Not Allowed	$0.00
0517T	INSJ WCS LV BOTH COMPNT PG	-	-	1/1/2021	Not Allowed	$0.00
0518T	RMVL PG WCS LV BATTERY ONLY	-	-	1/1/2021	Not Allowed	$0.00
0519T	RMV&RPLCMT PG WCS LV BOTH	-	-	1/1/2021	Not Allowed	$0.00
0520T	RMV&RPLCMT PG WCS LV BATTERY	-	-	1/1/2021	Not Allowed	$0.00
0523T	NTRAPX C FFR W/3D FUNCJL MAP	-	-	1/1/2019	Not Allowed	$0.00
0524T	EV CATH DIR CHEM ABLTJ W/IMG	-	-	1/1/2019	Not Allowed	$0.00
0525T	INSJ/RPLCMT COMPL IIMS	-	-	1/1/2019	Not Allowed	$0.00
0526T	INSJ/RPLCMT IIMS ELTRD ONLY	-	-	1/1/2019	Not Allowed	$0.00
0527T	INSJ/RPLCMT IIMS IMPLT MNTR	-	-	7/1/2019	Not Allowed	$0.00
0530T	REMOVAL COMPLETE IIMS	-	-	7/1/2019	Not Allowed	$0.00
0531T	REMOVAL IIMS ELECTRODE ONLY	-	-	7/1/2019	Not Allowed	$0.00

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0532T	REMOVAL IIMS IMPLT MNTR ONLY	-	-	7/1/2019	Not Allowed	$0.00
0558T	CT SCAN F/BIOMCHN CT ALYS	-	-	7/1/2019	Not Allowed	$0.00
0566T	AUTOL CELL IMPLT ADPS NJX	-	-	1/1/2020	Not Allowed	$0.00
0581T	ABLTJ MAL BRST TUM PERQ CRTX	-	-	1/1/2023	Not Allowed	$0.00
0582T	TRURL ABLTJ MAL PRST8 TISS	-	-	1/1/2026	Not Allowed	$0.00
0583T	TMPST AUTO TUBE DLVR SYS	-	-	1/1/2021	Not Allowed	$0.00
0587T	PERQ IMPLTJ/RPLCMT ISDNS PTN	-	-	1/1/2020	Not Allowed	$0.00
0588T	REVISION/REMOVAL ISDNS PTN	-	-	1/1/2020	Not Allowed	$0.00
0594T	OSTEOT HUM XTRNL LNGTH DEV	-	-	7/1/2020	Not Allowed	$0.00
0596T	TEMP FML IU VLV-PMP 1ST INSJ	-	-	7/1/2020	Not Allowed	$0.00
0597T	TEMP FML IU VALVE-PMP RPLCMT	-	-	7/1/2020	Not Allowed	$0.00
0598T	R-T FLUOR WOUND IMG 1ST SITE	-	-	7/1/2020	Not Allowed	$0.00
0599T	R-T FLUOR WOUND IMG EA ADDL	-	-	10/1/2020	Not Allowed	$0.00
0600T	ABLT IRE 1+ O/T LV/PRST8 PRQ	-	-	7/1/2020	Not Allowed	$0.00
0600U	NFCT DS WND INFCTJ 65ORGS&30	-	-	1/1/2026	Not Allowed	$0.00
0601T	ABLTJ IRE 1+TUMORS OPEN	-	-	7/1/2020	Not Allowed	$0.00
0601U	NFCT DS PJI ALYS 11 BMRKS IA	-	-	1/1/2026	Not Allowed	$0.00
0602U	ENDOCRIN DM INS GEN MTHYLTN	-	-	1/1/2026	Not Allowed	$0.00
0603U	RX ASY PRSMV 77RX/METABLT UR	-	-	1/1/2026	Not Allowed	$0.00
0604U	ALL&IMMUNOLOGY CRAE 4BK PEP	-	-	1/1/2026	Not Allowed	$0.00
0605U	ALL&IMMUNOLOGY HAT TPSAB1	-	-	1/1/2026	Not Allowed	$0.00
0606U	HEM RED CLL MEMB DO RBC OGE	-	-	1/1/2026	Not Allowed	$0.00
0607U	REPRDTVE MED EMA RTPCR 31BCT	-	-	1/1/2026	Not Allowed	$0.00
0608U	REPRDTVE MED EMA RTPCR 10BCT	-	-	1/1/2026	Not Allowed	$0.00
0609T	MRS DISC PAIN ACQUISJ DATA	-	-	1/1/2021	Not Allowed	$0.00
0609U	ONC PROSTATE IA TOT&FREE PSA	-	-	1/1/2026	Not Allowed	$0.00
0610U	NFCT DS ANTMCR SC PHENOTYPIC	-	-	1/1/2026	Not Allowed	$0.00
0611T	MRS DISC PAIN ALG ALYS DATA	-	-	1/1/2021	Not Allowed	$0.00
0611U	ONC LVR ALYS >1000 MR CFDNA	-	-	1/1/2026	Not Allowed	$0.00
0612U	ONC LVR ALYS >1000 MR CFDNA	-	-	1/1/2026	Not Allowed	$0.00
0613U	ONC UC DNA MTHYLTN&MUT 6BMRK	-	-	1/1/2026	Not Allowed	$0.00
0614T	RMVL&RPLCMT SS IMPL DFB PG	-	-	7/1/2020	Not Allowed	$0.00
0614U	IEM PMD ALYS 4 NZM CPLX PAGE	-	-	10/1/2026	Not Allowed	$0.00
0615U	BBRGDRFERI LD ANTB DETCJ 26	-	-	10/1/2026	Not Allowed	$0.00
0616U	NEUROL DEMENTIA ALYS >30000	-	-	10/1/2026	Not Allowed	$0.00
0617U	CV ASCVD DNA ALYS >20000	-	-	10/1/2026	Not Allowed	$0.00
0618U	PSYC BD DNA MTHYL ALYS>10000	-	-	10/1/2026	Not Allowed	$0.00
0619U	PULM COPD DNA ALYS >18000	-	-	10/1/2026	Not Allowed	$0.00
0620T	EVASC VEN ARTLZ TIBL/PRNL VN	-	-	1/1/2021	Not Allowed	$0.00
0620U	ONC HCC DNA MTHYLN ALYS>5000	-	-	10/1/2026	Not Allowed	$0.00
0621T	TRABECULOSTOMY INTERNO LASER	-	-	7/1/2024	Not Allowed	$0.00
0621U	NFCT DS LB DNA ALYS>10000	-	-	10/1/2026	Not Allowed	$0.00
0622U	PSYC MDD DNA ALYS >20000	-	-	10/1/2026	Not Allowed	$0.00
0623U	AI MS DNA MTHYL ALYS >5000	-	-	10/1/2026	Not Allowed	$0.00
0624U	HEP NASH DNA MTHYL ALYS 5000	-	-	10/1/2026	Not Allowed	$0.00
0625U	ENDOCRINOL OP DNA ALYS>5000	-	-	10/1/2026	Not Allowed	$0.00
0626U	NEUROL PD DNA ALYS >20000	-	-	10/1/2026	Not Allowed	$0.00
0627T	PERQ NJX ALGC FLUOR LMBR 1ST	-	-	1/1/2021	Not Allowed	$0.00
0627U	PSYC SCZ DNA ALYS >15000	-	-	10/1/2026	Not Allowed	$0.00
0628T	PERQ NJX ALGC FLUOR LMBR EA	-	-	1/1/2021	Not Allowed	$0.00
0628U	NFRO KDN DS GENETIC COND 449	-	-	10/1/2026	Not Allowed	$0.00
0629T	PERQ NJX ALGC CT LMBR 1ST	-	-	1/1/2021	Not Allowed	$0.00
0629U	NFCT DS TB DNA ALY 1TRGT PCR	-	-	10/1/2026	Not Allowed	$0.00
0630T	PERQ NJX ALGC CT LMBR EA	-	-	1/1/2021	Not Allowed	$0.00

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0630U	ONC BRST MRNA GEN PRFLG 80	-	-	10/1/2026	Not Allowed	$0.00
0631U	ONC SOL TUM DNA SEQ ALYS 15	-	-	10/1/2026	Not Allowed	$0.00
0632T	PERQ TCAT US ABLTJ NRV P-ART	-	-	4/1/2021	Not Allowed	$0.00
0632U	RBC AG FTL RHD GEN ALYS MPCR	-	-	10/1/2026	Not Allowed	$0.00
0633T	CT BREAST W/3D UNI C-	-	-	1/1/2021	Not Allowed	$0.00
0633U	OB 1-GENE N-INVAS PRNTL TST	-	-	10/1/2026	Not Allowed	$0.00
0634T	CT BREAST W/3D UNI C+	-	-	1/1/2021	Not Allowed	$0.00
0634U	ONC BRST CA CFDNA EVL 11ESR1	-	-	10/1/2026	Not Allowed	$0.00
0635T	CT BREAST W/3D UNI C-/C+	-	-	1/1/2021	Not Allowed	$0.00
0635U	AI AD MRNA GENE XPRSN 487GEN	-	-	10/1/2026	Not Allowed	$0.00
0636T	CT BREAST W/3D BI C-	-	-	1/1/2021	Not Allowed	$0.00
0636U	BABESIA 20 RPRTN GRPS IGG	-	-	10/1/2026	Not Allowed	$0.00
0637T	CT BREAST W/3D BI C+	-	-	1/1/2021	Not Allowed	$0.00
0637U	BABESIA 20 RPRTN GRPS IGM	-	-	10/1/2026	Not Allowed	$0.00
0638T	CT BREAST W/3D BI C-/C+	-	-	1/1/2021	Not Allowed	$0.00
0638U	BARTONELLA ANTB DETCJ 32 IGG	-	-	10/1/2026	Not Allowed	$0.00
0639U	BARTONELLA ANTB DETCJ 32 IGM	-	-	10/1/2026	Not Allowed	$0.00
0640U	ONC LM TUMOR CELL SLCTN ID	-	-	10/1/2026	Not Allowed	$0.00
0641U	ONC MRD TUM DNA NGS FFPE 1ST	-	-	10/1/2026	Not Allowed	$0.00
0642U	ONC MRD TUM DNA NGS WHL BLD	-	-	10/1/2026	Not Allowed	$0.00
0643U	ONC GU CA CFCTDNA 200GEN NGS	-	-	10/1/2026	Not Allowed	$0.00
0644T	TCAT RMVL/DBLK ICAR MAS PERQ	-	-	7/1/2021	Not Allowed	$0.00
0644U	ONC LEUKEMIA MRD BASELINE	-	-	10/1/2026	Not Allowed	$0.00
0645T	TCAT IMPLTJ C SINS RDCTJ DEV	-	-	1/1/2026	Not Allowed	$0.00
0645U	ONC LEUKEMIA MRD BASED DPCR	-	-	10/1/2026	Not Allowed	$0.00
0646U	ONC MRDS WGSA CFDNA BASELINE	-	-	10/1/2026	Not Allowed	$0.00
0647T	INSJ GTUBE PERQ MAG GASTRPXY	-	-	7/1/2021	Not Allowed	$0.00
0647U	ONC MR DS WGSA CFDNA CTDNA	-	-	10/1/2026	Not Allowed	$0.00
0648T	QUAN MR TIS WO MRI 1ORGN	-	-	7/1/2021	Not Allowed	$0.00
0648U	ONC SOL TUM TGSA 42/10/18GEN	-	-	10/1/2026	Not Allowed	$0.00
0649U	NEURO ALZ DS DNA NGS AD-1&2	-	-	10/1/2026	Not Allowed	$0.00
0650U	RX METAB ADVRS RXNS&RSPSE 9	-	-	10/1/2026	Not Allowed	$0.00
0651T	MAG CTRLD CAPSULE ENDOSCOPY	-	-	7/1/2021	Not Allowed	$0.00
0651U	ONC HERED CA 55GEN NGS DMLPA	-	-	10/1/2026	Not Allowed	$0.00
0652T	EGD FLX TRANSNASAL DX BR/WA	-	-	7/1/2021	Not Allowed	$0.00
0652U	RX METAB ADVERSE DNA ALYS 13	-	-	10/1/2026	Not Allowed	$0.00
0653T	EGD FLX TRANSNASAL BX 1/MLT	-	-	7/1/2021	Not Allowed	$0.00
0653U	NFRO INH KDN DO DNA 700GENS	-	-	10/1/2026	Not Allowed	$0.00
0654T	EGD FLX TRANSNASAL TUBE/CATH	-	-	7/1/2021	Not Allowed	$0.00
0654U	IEM PMD 1NZM COMPLEX WB ALYS	-	-	10/1/2026	Not Allowed	$0.00
0655T	TPRNL FOCAL ABLTJ MAL PRST8	-	-	7/1/2021	Not Allowed	$0.00
0655U	IEM PMD 1NZM COMPLEX SK ASY	-	-	10/1/2026	Not Allowed	$0.00
0656T	ANT LMBR VRT BDY TETH <7 SEG	-	-	1/1/2026	Not Allowed	$0.00
0656U	IEM PMD 1NZM COMPLEX RADACT	-	-	10/1/2026	Not Allowed	$0.00
0657T	ANT LMBR VRT BDY TETH 8+ SEG	-	-	1/1/2026	Not Allowed	$0.00
0657U	RARE DS SEQ ALYS CMPRTR NUC	-	-	10/1/2026	Not Allowed	$0.00
0658U	RARE DS NUC&MITOCHDRL DNA	-	-	10/1/2026	Not Allowed	$0.00
0659U	RARE DS ULTRAPID WGSALYS DNA	-	-	10/1/2026	Not Allowed	$0.00
0660T	IMPLT ANT SGM IO NBIO RX SYS	-	-	4/1/2024	Not Allowed	$0.00
0660U	HPV GNOTYP 18/31/33/35 CFDNA	-	-	10/1/2026	Not Allowed	$0.00
0661T	RMVL&RIMPLTJ ANT SGM IMPLT	-	-	4/1/2024	Not Allowed	$0.00
0661U	HPV GENOTYPE 16 CFDNA DDPCR	-	-	10/1/2026	Not Allowed	$0.00
0662U	TRNSPLJ MED KAR RTQPCR 12GEN	-	-	10/1/2026	Not Allowed	$0.00
0663U	OB FETAL PLTLT AG NIPT CFDNA	-	-	10/1/2026	Not Allowed	$0.00

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0664U	TRNSPLJ MED KAF NGS 13 GENES	-	-	10/1/2026	Not Allowed	$0.00
0665U	HEP MASH ELISA YKL40 RTQPCR	-	-	10/1/2026	Not Allowed	$0.00
0666U	NFCT DS WND DNA MULT RTPCR	-	-	10/1/2026	Not Allowed	$0.00
0667U	IEM PMD FGF21 CONCTRJ ELISA	-	-	10/1/2026	Not Allowed	$0.00
0668U	ONC PNCRS DNA 5HMC & GLYCAN	-	-	10/1/2026	Not Allowed	$0.00
0669U	NFCT DS BBB SPECIES MULTDPCR	-	-	10/1/2026	Not Allowed	$0.00
0670U	RARE DS WGSA S/L READ CMPRTR	-	-	10/1/2026	Not Allowed	$0.00
0671T	INSJ ANT SGM AQ DRG DEV 1+	-	-	1/1/2022	Not Allowed	$0.00
0671U	RARE DS WGSA S/L RD 2CMPRTRS	-	-	10/1/2026	Not Allowed	$0.00
0672U	RARE DS WHOLE EXOME CMPRTR	-	-	10/1/2026	Not Allowed	$0.00
0673T	ABLTJ B9 THYR NDUL PERQ LASR	-	-	1/1/2022	Not Allowed	$0.00
0673U	RARE DS WHOLE EXOME 2CMPRTRS	-	-	10/1/2026	Not Allowed	$0.00
0674T	LAPS INSJ NW/RPCMT PRM ISDSS	-	-	4/1/2025	Not Allowed	$0.00
0674U	RARE DS MTDNA BLD/SLV/GENDNA	-	-	10/1/2026	Not Allowed	$0.00
0675T	LAPS INSJ NW/RPCMT ISDSS 1LD	-	-	4/1/2025	Not Allowed	$0.00
0675U	RARE DS MTDNA PRBND&2CMPRTRS	-	-	10/1/2026	Not Allowed	$0.00
0676T	LAPS INSJ NW/RPCMT ISDSS EA	-	-	4/1/2025	Not Allowed	$0.00
0676U	RARE DS WGSA MATERNAL CMPRTR	-	-	10/1/2026	Not Allowed	$0.00
0677T	LAPS REPOS LEAD ISDSS 1ST LD	-	-	4/1/2025	Not Allowed	$0.00
0677U	RARE DS WGSA FETAL SAMPLE	-	-	10/1/2026	Not Allowed	$0.00
0678T	LAPS REPOS LEAD ISDSS EA ADD	-	-	4/1/2025	Not Allowed	$0.00
0678U	ONC HHM GENOME SEQ 117 GENES	-	-	10/1/2026	Not Allowed	$0.00
0679T	LAPS RMVL LEAD ISDSS	-	-	4/1/2025	Not Allowed	$0.00
0679U	ONC HHM DNA ALYS >105 GENES	-	-	10/1/2026	Not Allowed	$0.00
0680T	INSJ/RPLCMT PG ONLY ISDSS	-	-	4/1/2025	Not Allowed	$0.00
0680U	TOBAC USE DNA ALYS 1MTHYLTN	-	-	10/1/2026	Not Allowed	$0.00
0681T	RLCJ PULSE GEN ONLY ISDSS	-	-	4/1/2025	Not Allowed	$0.00
0681U	TOBAC USE DNA ALYS 2MTHYLTN	-	-	10/1/2026	Not Allowed	$0.00
0682T	REMOVAL PULSE GEN ONLY ISDSS	-	-	4/1/2025	Not Allowed	$0.00
0682U	ONC LNG CA DNA ALYS 1MTHYLN	-	-	10/1/2026	Not Allowed	$0.00
0683U	ONC LNG CA DNA ALYS 2MTHYLN	-	-	10/1/2026	Not Allowed	$0.00
0684U	AUD 4MTHYLTN MRK PCR WHL BLD	-	-	10/1/2026	Not Allowed	$0.00
0685U	AUD 5MTHYLTN MRK PCR BLD/SLV	-	-	10/1/2026	Not Allowed	$0.00
0686T	HISTOTRIPSY MAL HEPATCEL TIS	-	-	1/1/2022	Not Allowed	$0.00
0686U	ONC PRST8 MRNA GENE XPRSN 22	-	-	10/1/2026	Not Allowed	$0.00
0687U	CMPRTV ALYS STR MRK DNA BUCC	-	-	10/1/2026	Not Allowed	$0.00
0688U	ONC CLRCT CA ALYS MRD CTDNA	-	-	10/1/2026	Not Allowed	$0.00
0689T	QUAN US TIS CHARAC W/O DX US	-	-	1/1/2022	Not Allowed	$0.00
0689U	ONC CLRT CA ALYS MRD PT-SPEC	-	-	10/1/2026	Not Allowed	$0.00
0690U	TRNSPLJ MED AR DPCR ALYS 45	-	-	10/1/2026	Not Allowed	$0.00
0691U	CARRIER SCREENING GSAP 6GENS	-	-	10/1/2026	Not Allowed	$0.00
0692T	THERAPEUTIC ULTRAFILTRATION	-	-	1/1/2026	Not Allowed	$0.00
0692U	CRD PAD ALYS 3PRTN IA PLASMA	-	-	10/1/2026	Not Allowed	$0.00
0693U	ONC H&N CTDNA 699 GENES VRNT	-	-	10/1/2026	Not Allowed	$0.00
0694U	ONC MG MALDI-TOF MS ISOTYPES	-	-	10/1/2026	Not Allowed	$0.00
0695U	ONC CNS WGSA CSF INTERROG	-	-	10/1/2026	Not Allowed	$0.00
0696U	ONC SO TGSA RNA ALYS 350/>	-	-	10/1/2026	Not Allowed	$0.00
0697T	QUAN MR TIS WO MRI MLT ORGN	-	-	1/1/2022	Not Allowed	$0.00
0697U	OB DNA GNOTYP ALYS <41 GENES	-	-	10/1/2026	Not Allowed	$0.00
0698T	QUAN MR TISS W/MRI MLT ORGN	-	-	7/1/2023	Not Allowed	$0.00
0698U	NEURO TBI ALYS GFAP UCHL1	-	-	10/1/2026	Not Allowed	$0.00
0699T	NJX PST CHMBR EYE MEDICATION	-	-	1/1/2022	Not Allowed	$0.00
0707T	NJX B1 SUB MTRL SBCHDRL DFCT	-	-	1/1/2022	Not Allowed	$0.00
0714T	TPLA B9 PRST8 HYPRPLSA<50ML	-	-	7/1/2022	Not Allowed	$0.00

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0717T	ADRC THER PRTL RC TEAR	-	-	4/1/2025	Not Allowed	$0.00
0718T	ADRC THER PRTL RC TEAR NJX	-	-	4/1/2025	Not Allowed	$0.00
0730T	TRABECULOTOMY LSR W/OCT GDN	-	-	10/1/2026	Not Allowed	$0.00
0737T	XENOGRAFT IMPLTJ ARTCLR SURF	-	-	10/1/2024	Not Allowed	$0.00
0744T	INSJ BIOPROSTC VLV FEM VN	-	-	1/1/2026	Not Allowed	$0.00
0784T	INS/RPLMT ELTRD RA SPI NSTIM	-	-	1/1/2024	Not Allowed	$0.00
0785T	REVJ/RMVL NEA SPI W/NSTIM	-	-	1/1/2024	Not Allowed	$0.00
0786T	INSJ/RPLCMT PRQ RA SAC NSTIM	-	-	1/1/2024	Not Allowed	$0.00
0787T	REVJ/RMVL NEA SAC W/NSTIM	-	-	1/1/2024	Not Allowed	$0.00
0790T	REVJ RPLCMT/RMVL VRT TETHRG	-	-	1/1/2026	Not Allowed	$0.00
0793T	PRQ TCAT THRM ABLT NRV P-ART	-	-	7/1/2023	Not Allowed	$0.00
0797T	TCAT INS 2CHMBR LDLS PM RV	-	-	7/1/2023	Not Allowed	$0.00
0800T	TCAT RMVL 2CHMBR LDLS PM RV	-	-	7/1/2023	Not Allowed	$0.00
0803T	TCAT RMV&RPL2CHMB LDLS PM RV	-	-	7/1/2023	Not Allowed	$0.00
0810T	SUBRTA NJX RX AGT W/VTRC	-	-	1/1/2024	Not Allowed	$0.00
0813T	EGD VOL ADJMT BARIATRIC BALO	-	-	1/1/2024	Not Allowed	$0.00
0816T	OPN INSJ/RPLCMT INS PTN SUBQ	-	-	1/1/2024	Not Allowed	$0.00
0817T	OPN INSJ/RPLCMT INS PTN SUBF	-	-	1/1/2024	Not Allowed	$0.00
0818T	REVJ/RMVL INS PTN SUBQ	-	-	1/1/2024	Not Allowed	$0.00
0819T	REVJ/RMVL INS PTN SUBF	-	-	1/1/2024	Not Allowed	$0.00
0861T	RMVL PG WCS LV BOTH COMPNT	-	-	1/1/2026	Not Allowed	$0.00
0862T	RLCJ PG WCS LV BATTERY ONLY	-	-	1/1/2026	Not Allowed	$0.00
0863T	RLCJ PG WCS LV TRNSMTR ONLY	-	-	1/1/2026	Not Allowed	$0.00
0864T	LOW NTSTY ESWT CORPUS CVRNSM	-	-	1/1/2024	Not Allowed	$0.00
0865T	QUAN MRI ALYS BRN W/O DX MRI	-	-	1/1/2026	Not Allowed	$0.00
0866T	QUAN MRI ALYS BRN W/DX MRI	-	-	1/1/2026	Not Allowed	$0.00
0867T	TPLA B9 PRST8 HYPRPLSA>=50ML	-	-	7/1/2024	Not Allowed	$0.00
0869T	NJX B1 SUB MTRL HW FIXJ AUG	-	-	7/1/2024	Not Allowed	$0.00
0870T	IMP SUBQ PRTL ASCTS PMP SYS	-	-	7/1/2024	Not Allowed	$0.00
0871T	RPLCMT SUBQ PRTL ASCITES PMP	-	-	7/1/2024	Not Allowed	$0.00
0872T	RPLCMT NDWLLG BLDR&PRTL CATH	-	-	7/1/2024	Not Allowed	$0.00
0873T	REVJ SUBQ PRTL ASCT PMP SYS	-	-	7/1/2024	Not Allowed	$0.00
0874T	RMVL PERTL ASCITES PMP SYS	-	-	7/1/2024	Not Allowed	$0.00
0875T	PRGRM SUBQ PRTL ASCT PMP SYS	-	-	7/1/2024	Not Allowed	$0.00
0882T	INTRAOP THER ESTIM PN UE 1ST	-	-	10/1/2025	Not Allowed	$0.00
0883T	INTRAOP THER ESTIM PN UE EA	-	-	10/1/2025	Not Allowed	$0.00
0884T	ESPHGSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	$0.00
0885T	COLSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	$0.00
0886T	SGMDSC FLX 1ST TNDSC DILAT	-	-	7/1/2024	Not Allowed	$0.00
0887T	END-TIDAL CTRL INHALED ANES	-	-	10/1/2025	Not Allowed	$0.00
0888T	HISTOTRIPSY MAL RENAL TISSUE	-	-	7/1/2024	Not Allowed	$0.00
0908T	OPN IMP INT NSTM SYS VGS NRV	-	-	1/1/2026	Not Allowed	$0.00
0909T	RPLCMT INT NSTIM SYS VGS NRV	-	-	1/1/2026	Not Allowed	$0.00
0910T	RMVL INT NSTIM SYS VAGUS NRV	-	-	1/1/2026	Not Allowed	$0.00
0913T	PRQ TCAT THER RX NTRAC BALO1	-	-	4/1/2025	Not Allowed	$0.00
0914T	PRQ TCAT THR RX NTRC BAL SEP	-	-	4/1/2025	Not Allowed	$0.00
0915T	INSJ PERM CCM-D SYS PG&ELTRD	-	-	4/1/2025	Not Allowed	$0.00
0916T	INSJ PERM CCM-D SYS PG ONLY	-	-	4/1/2025	Not Allowed	$0.00
0917T	INSJ PERM CCM-D SYS 1 LEAD	-	-	4/1/2025	Not Allowed	$0.00
0918T	INSJ PERM CCM-D SYS DUAL LD	-	-	4/1/2025	Not Allowed	$0.00
0919T	RMVL PERM CCM-D SYS PG ONLY	-	-	4/1/2025	Not Allowed	$0.00
0920T	RMVL PERM CCM-D SYS 1 PAC LD	-	-	4/1/2025	Not Allowed	$0.00
0921T	RMVL PERM CCM-D SYS 1 DFB LD	-	-	4/1/2025	Not Allowed	$0.00
0922T	RMVL PERM CCM-D SYS DUAL LD	-	-	4/1/2025	Not Allowed	$0.00

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0923T	RMVL&RPLCMT PERM CCM-D PG	-	-	4/1/2025	Not Allowed	$0.00
0924T	RPOS PRV CCM-D TRNSVNS ELTRD	-	-	4/1/2025	Not Allowed	$0.00
0925T	RLCJ SKIN POCKET CCM-D PG	-	-	4/1/2025	Not Allowed	$0.00
0933T	TCAT IMPL WRLS L ATR PRS SNR	-	-	4/1/2025	Not Allowed	$0.00
0941T	CYSTO FLX INS&XPNS URTL SCAF	-	-	4/1/2026	Not Allowed	$0.00
0942T	CYSTO FLX RMV&RPLC URTL SCAF	-	-	4/1/2026	Not Allowed	$0.00
0943T	CYSTO FLX RMVL URTL SCAFFOLD	-	-	4/1/2026	Not Allowed	$0.00
0946T	ORTHO IMPL MVMT ALYS PAIR CT	-	-	10/1/2025	Not Allowed	$0.00
0950T	ABLTJ B9 PRST8 TISSUE HIFU	-	-	10/1/2025	Not Allowed	$0.00
0956T	PRT CRN CH CR&TUN ELT S-SCLP	-	-	10/1/2025	Not Allowed	$0.00
0957T	REV S-SCLP ELTR RA RCVR&TLMT	-	-	10/1/2025	Not Allowed	$0.00
0958T	RMV S-SCLP ELTR RA RCVR&TLMT	-	-	10/1/2025	Not Allowed	$0.00
0959T	RMV/RPLC MAGNET COIL ASSEM	-	-	10/1/2025	Not Allowed	$0.00
0960T	RPL S-SCLP ELTR RA RCVR&TLMT	-	-	10/1/2025	Not Allowed	$0.00
0962T	ASSTV ALG ALYS ACOUS&ECG REC	-	-	1/1/2026	Not Allowed	$0.00
0963T	ANOSC SBMCSL NJX BULKING AGT	-	-	10/1/2025	Not Allowed	$0.00
0964T	I&CUST PREP JAW XPNSJ 1ARCH	-	-	10/1/2025	Not Allowed	$0.00
0965T	I&CST PRP JW XPN DL ARCH NON	-	-	10/1/2025	Not Allowed	$0.00
0966T	I&CST PRP JW XPN DL ARCH FXD	-	-	10/1/2025	Not Allowed	$0.00
0967T	TRANAL INS TMP CLRC ANST DEV	-	-	10/1/2025	Not Allowed	$0.00
0970T	ABLT B9 BRST TUM PERQ LSR EA	-	-	10/1/2025	Not Allowed	$0.00
0971T	ABLT MAL BRST TUM PQ LSR UNI	-	-	10/1/2025	Not Allowed	$0.00
0973T	SLCTV NZMTC DBRDMT T/A/L 1ST	-	-	10/1/2025	Not Allowed	$0.00
0975T	SLCTV NZMTC DBRDMT S/N/HF 1	-	-	10/1/2025	Not Allowed	$0.00
0977T	UPR GI BLD DETCJ SNR CAPSULE	-	-	1/1/2026	Not Allowed	$0.00
0981T	TCAT IMPL WRLS IVC SNR	-	-	10/1/2025	Not Allowed	$0.00
0988T	OPN INS/RPLC INS PTN SBQ&SBF	-	-	1/1/2026	Not Allowed	$0.00
0989T	REVJ/RMVL INS PTN SUBQ&SUBF	-	-	1/1/2026	Not Allowed	$0.00
0990T	TRNCRV INST BIOD HYDRGL MTRL	-	-	1/1/2026	Not Allowed	$0.00
0991T	CYSTO LO-NRG LITHTRP&MCRSPHR	-	-	1/1/2026	Not Allowed	$0.00
0992T	N-INVAS ASSMT CAR RSK W/O CT	-	-	1/1/2026	Not Allowed	$0.00
0993T	N-INVAS ASSMT CAR RSK W/CT	-	-	1/1/2026	Not Allowed	$0.00
0994T	EVASC DLVR A-WAL STBL RX PRQ	-	-	1/1/2026	Not Allowed	$0.00
0995T	EVASC DLVR A-WAL STBL RX OPN	-	-	1/1/2026	Not Allowed	$0.00
0996T	INS&SCLR FIX CAPS BAG PROSTH	-	-	1/1/2026	Not Allowed	$0.00
0997T	PRECUNEUS MAG STIMJ TX PLNG	-	-	1/1/2026	Not Allowed	$0.00
0998T	PRECUNEUS MAG STIMJ TX DLVR	-	-	1/1/2026	Not Allowed	$0.00
0999T	AUTOL MUSC CELL THERAPY HRVG	-	-	1/1/2026	Not Allowed	$0.00
10004	FNA BX W/O IMG GDN EA ADDL	-	-	1/1/2019	No Separate Payment	$0.00
10005	FNA BX W/US GDN 1ST LES	Y	-	1/1/2026	Fee Schedule	$388.55
10006	FNA BX W/US GDN EA ADDL	-	-	1/1/2019	No Separate Payment	$0.00
10007	FNA BX W/FLUOR GDN 1ST LES	Y	-	1/1/2026	Fee Schedule	$277.94
10008	FNA BX W/FLUOR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	$0.00
10009	FNA BX W/CT GDN 1ST LES	Y	-	1/1/2026	Fee Schedule	$388.55
1000T	AUTOL MUSC CELL THERAPY ADMN	-	-	1/1/2026	Not Allowed	$0.00
10010	FNA BX W/CT GDN EA ADDL	-	-	1/1/2019	No Separate Payment	$0.00
10011	FNA BX W/MR GDN 1ST LES	Y	-	1/1/2026	Fee Schedule	$388.55
10012	FNA BX W/MR GDN EA ADDL	-	-	1/1/2019	No Separate Payment	$0.00
1001T	AUTOL MUSC CELL THERAPY NJX	-	-	1/1/2026	Not Allowed	$0.00
10021	FNA BX W/O IMG GDN 1ST LES	Y	-	1/1/2026	Fee Schedule	$63.44
1002T	AIR DISPLACMNT PLETHYSMOGRAP	-	-	1/1/2026	Not Allowed	$0.00
10030	IMG GID FLU COLL DRG SFT TIS	Y	-	1/1/2026	Fee Schedule	$388.55
10035	PLMT SFT TISS LOCLZJ DEV 1ST	Y	-	1/1/2026	Fee Schedule	$0.00
10036	PLMT SFT TISS LOCLZJ DEV EA	-	-	7/1/2018	No Separate Payment	$0.00

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1003T	ARTHRP 1ST CRP/MTCRPL PROSTC	-	-	1/1/2026	Not Allowed	$0.00
10040	EXTRACTION	-	-	7/1/2018	No Separate Payment	$0.00
1004T	ELEC ALYS S-SCL EEG WO PRGRM	-	-	1/1/2026	Not Allowed	$0.00
1005T	ELEC ALYS S-SCL EEG PRGR 1ST	-	-	1/1/2026	Not Allowed	$0.00
10060	I&D ABSCESS SIMPLE/SINGLE	Y	-	1/1/2026	Fee Schedule	$84.93
10061	I&D ABSCESS COMP/MULTIPLE	Y	-	1/1/2026	Fee Schedule	$129.91
1006T	ELEC ALYS S-SCL EEG PRGRM EA	-	-	1/1/2026	Not Allowed	$0.00
1007T	EEG IMPL S-SCLP EEG W/O VID	-	-	1/1/2026	Not Allowed	$0.00
10080	I&D PILONIDAL CYST SIMPLE	Y	-	1/1/2026	Fee Schedule	$224.23
10081	I&D PILONIDAL CYST COMP	Y	-	1/1/2026	Fee Schedule	$283.98
1008T	REM MNTR S-SCL EEG SYS SETUP	-	-	1/1/2026	Not Allowed	$0.00
1009T	REM MNTR S-SCLP CONT EEG SYS	-	-	1/1/2026	Not Allowed	$0.00
1010T	CPTR OPH ALYS MONOC EYE MVMT	-	-	1/1/2026	Not Allowed	$0.00
1011T	PBM THERAPY OF ORAL CAVITY	-	-	1/1/2026	Not Allowed	$0.00
10120	INC&RMVL FB SUBQ TISS SMPL	Y	-	1/1/2026	Fee Schedule	$113.46
10121	INC&RMVL FB SUBQ TISS COMP	Y	-	1/1/2026	Fee Schedule	$742.04
1012T	MTRZ AB NTRNO TRPH SCL/TR MW	-	-	1/1/2026	Not Allowed	$0.00
1013T	LAP SRG IMP/RPL ESO NEA&PG/R	-	-	1/1/2026	Not Allowed	$0.00
10140	I&D HMTMA SEROMA/FLUID COLLJ	Y	-	1/1/2026	Fee Schedule	$116.48
1014T	LAP RV/RMV ESO SPH NSTM ELTR	-	-	1/1/2026	Not Allowed	$0.00
1015T	REV/RMV LW ESOPH SPHNC NPG/R	-	-	1/1/2026	Not Allowed	$0.00
10160	PNXR ASPIR ABSC HMTMA BULLA	Y	-	1/1/2026	Fee Schedule	$85.93
1016T	ELEC ALYS NPGS ESOPH INTRAOP	-	-	1/1/2026	Not Allowed	$0.00
1017T	ELEC ALY NPGS ESOPH SBSQ W/O	-	-	1/1/2026	Not Allowed	$0.00
10180	I&D COMPLEX PO WOUND INFCTJ	Y	-	1/1/2026	Fee Schedule	$1,248.36
1018T	ELEC ALYS NPGS ESOPH SBSQ W/	-	-	1/1/2026	Not Allowed	$0.00
1019T	LYMPHOVENOUS BYPASS PER XTR	-	-	1/1/2026	Not Allowed	$0.00
1020T	RAMAN SPECTROSCOPY 1+SKN LES	-	-	1/1/2026	Not Allowed	$0.00
1021T	ACTIVE THRC IRRIGATION SPX	-	-	1/1/2026	Not Allowed	$0.00
1022T	PRQ TIS DSPLMT NTRA-ABDL/PEL	-	-	1/1/2026	Not Allowed	$0.00
1023T	PRQ TIS DSPLMT INTRATHORACIC	-	-	1/1/2026	Not Allowed	$0.00
1024T	PERQ TISS DSPLMT SOFT TISSUE	-	-	1/1/2026	Not Allowed	$0.00
1025T	ALT ELEC FLD DOS&DLV SIM MDL	-	-	1/1/2026	Not Allowed	$0.00
1026T	TRVG LSR PHOTOBIOM THER PLVS	-	-	10/1/2026	Not Allowed	$0.00
1027T	PRQ INS/RPLC NSTM CTH VNT PT	-	-	10/1/2026	Not Allowed	$0.00
1028T	MAP&PRGR NSTM CTH VENT REPOS	-	-	10/1/2026	Not Allowed	$0.00
1029T	MAP&PRG NSTM CTH VNT WO RPOS	-	-	10/1/2026	Not Allowed	$0.00
1030T	CRTJ DIG 3D MDL SURF MESH 1	-	-	10/1/2026	Not Allowed	$0.00
1031T	CRTJ DIG 3D MDL SURF MESH EA	-	-	10/1/2026	Not Allowed	$0.00
1032T	CRTJ DIG 3D MDL MESH&SIM 1	-	-	10/1/2026	Not Allowed	$0.00
1033T	CRTJ DIG 3D MDL MESH&SIM EA	-	-	10/1/2026	Not Allowed	$0.00
1034T	CRT DIG 3D MDL MSH SIM&ALY 1	-	-	10/1/2026	Not Allowed	$0.00
1035T	CRT DIG 3DMDL MSH SIM&ALY EA	-	-	10/1/2026	Not Allowed	$0.00
1036T	N-INVAS HEMODYN ASMT PLM PRS	-	-	10/1/2026	Not Allowed	$0.00
1037T	HISTOTRIPSY MAL PNCRTC TISS	-	-	10/1/2026	Not Allowed	$0.00
1038T	AUTOL MUSC CLL THER NJX TONG	-	-	10/1/2026	Not Allowed	$0.00
1039T	CONNECTOMIC ALYS PRV BRN MRI	-	-	10/1/2026	Not Allowed	$0.00
1040T	BRNCHSC FLX BRNCL CRTX 1 LNG	-	-	10/1/2026	Not Allowed	$0.00
1041T	AUGMNT ALG ALYS ENCEPH WVFRM	-	-	10/1/2026	Not Allowed	$0.00
1042T	IMPL ABSRB URO SCAFF PRSTATC	-	-	10/1/2026	Not Allowed	$0.00
1043T	QUAN MR ALYS LIVER TISS 1/+	-	-	10/1/2026	Not Allowed	$0.00
1044T	HRV FTH AUTOL HTRO SKN GRF 1	-	-	10/1/2026	Not Allowed	$0.00
1045T	HRV FTH AUTL HTRO SKN GRF EA	-	-	10/1/2026	Not Allowed	$0.00
1046T	AUTOL HTRO GRF APPL T/A/L 1	-	-	10/1/2026	Not Allowed	$0.00

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1047T	AUTOL HTRO GRF APPL T/A/L EA	-	-	10/1/2026	Not Allowed	$0.00
1048T	AUTOL HTRO GRF APPL F-DGT 1	-	-	10/1/2026	Not Allowed	$0.00
1049T	AUTOL HTRO GRF APPL F-DGT EA	-	-	10/1/2026	Not Allowed	$0.00
1050T	INS SUBQ HRT FAIL DCOMP MNTR	-	-	10/1/2026	Not Allowed	$0.00
1051T	RMV SUBQ HRT FAIL DCOMP MNTR	-	-	10/1/2026	Not Allowed	$0.00
1052T	INTERG SBQ HRT FAIL DCM MNTR	-	-	10/1/2026	Not Allowed	$0.00
1053T	PRGRMG SBQ HRT FAIL DCM MNTR	-	-	10/1/2026	Not Allowed	$0.00
1054T	FCSD NSHCKWV US PROP RESD ST	-	-	10/1/2026	Not Allowed	$0.00
1055T	NTRAOP RF ABLTJ LUMPCTMY CAV	-	-	10/1/2026	Not Allowed	$0.00
1056T	COCHLEAR INFUSION RX AGENT	-	-	10/1/2026	Not Allowed	$0.00
1057T	INS/RPL SUBQ NPG SPRORB&OCPL	-	-	10/1/2026	Not Allowed	$0.00
1058T	REVJ SUBQ SPRORB&OCPL NSTIM	-	-	10/1/2026	Not Allowed	$0.00
1059T	RMVL SUBQ SPRORB&OCPL NSTIM	-	-	10/1/2026	Not Allowed	$0.00
1060T	ELC ALY SPRORB-OCPL NSTM CPX	-	-	10/1/2026	Not Allowed	$0.00
1061T	ELC ALY SPRORB-OCPL NSTM SMP	-	-	10/1/2026	Not Allowed	$0.00
1062T	ARTIF INSEM TRNSCRV NTRATUBL	-	-	10/1/2026	Not Allowed	$0.00
1063T	ONC BLDR AUG ALG ALY REC&PRG	-	-	10/1/2026	Not Allowed	$0.00
1064T	ONC BLDR AUGMNT ALG ALYS BCG	-	-	10/1/2026	Not Allowed	$0.00
1065T	CYSTO CO2 SPRAY MNR BLDR LES	-	-	10/1/2026	Not Allowed	$0.00
1066T	CYSTO CO2 SPRAY SML BLDR LES	-	-	10/1/2026	Not Allowed	$0.00
1067T	CYSTO CO2 SPRAY MED BLDR LES	-	-	10/1/2026	Not Allowed	$0.00
1068T	CYSTO CO2 SPRAY LRG BLDR LES	-	-	10/1/2026	Not Allowed	$0.00
1069T	MCHNL XTR CRYCMPRSN MEAS&EDU	-	-	10/1/2026	Not Allowed	$0.00
1070T	MCHNL XTR CRYCMPRSN PLMT	-	-	10/1/2026	Not Allowed	$0.00
1071T	MCHNL XTR CRYCMPRSN TX CONTN	-	-	10/1/2026	Not Allowed	$0.00
1072T	LVR ALGRFT NRMTHRMC MNTR EA	-	-	10/1/2026	Not Allowed	$0.00
1073T	LVR ALGRFT NRMTHRMC DCANNULJ	-	-	10/1/2026	Not Allowed	$0.00
1074T	LVR ALGRFT HYPTHRM CANNULJ	-	-	10/1/2026	Not Allowed	$0.00
1075T	LVR ALGRFT HYPTHRM CONNJ	-	-	10/1/2026	Not Allowed	$0.00
1076T	LVR ALGRFT HYPTHRM MNTR 1ST	-	-	10/1/2026	Not Allowed	$0.00
1077T	LVR ALGRFT HYPTHRM MNTR EA	-	-	10/1/2026	Not Allowed	$0.00
1078T	LVR ALGRFT HYPTHRM DCANNULJ	-	-	10/1/2026	Not Allowed	$0.00
1079T	3D QUAN WTR BTH US TOMG BRST	-	-	10/1/2026	Not Allowed	$0.00
1080T	INSJ INTRACAPSULAR MAGNIFIER	-	-	10/1/2026	Not Allowed	$0.00
1081T	MVASC ANAST LYMPH NOD&VN 1ST	-	-	10/1/2026	Not Allowed	$0.00
1082T	MVASC ANAST LYMPH NODE&VN EA	-	-	10/1/2026	Not Allowed	$0.00
1083T	STRTCTC PLMT NFS CATH BRAIN	-	-	10/1/2026	Not Allowed	$0.00
1084T	IMPL SCAF ALGRF SPRCHRDL SPC	-	-	10/1/2026	Not Allowed	$0.00
1085T	ASSTV ALG ALY ID LES METS CA	-	-	10/1/2026	Not Allowed	$0.00
1086T	NTRAPX EST C FF AUG ALG ALYS	-	-	10/1/2026	Not Allowed	$0.00
1087T	EST C FF DRV AUG ALG ALYS	-	-	10/1/2026	Not Allowed	$0.00
1088T	PERQ APPL HI-FRQ NEUROMD SGL	-	-	10/1/2026	Not Allowed	$0.00
1089T	IO QUAN MCROELAST TIS CHARAC	-	-	10/1/2026	Not Allowed	$0.00
1090T	ATCH&INS IO LNS PRSTH RX IMP	-	-	10/1/2026	Not Allowed	$0.00
1091T	PLMT PERM COM CRTD ART FLTR	-	-	10/1/2026	Not Allowed	$0.00
1092T	IMP ACLR SCAF KNE CHNDR OPEN	-	-	10/1/2026	Not Allowed	$0.00
1093T	IMP ACLR SCAF KNE CHNDR ARTH	-	-	10/1/2026	Not Allowed	$0.00
1094T	IMP ACLR SCAF KNEE EACH ADDL	-	-	10/1/2026	Not Allowed	$0.00
1095T	HRV&PCX AUTOL BMAC MSCSKL TX	-	-	10/1/2026	Not Allowed	$0.00
1096T	NJX THRMRG MLTPHAS SSP DMYL8	-	-	10/1/2026	Not Allowed	$0.00
1097T	ONC PNCRS AUG ALG HMORPH H&E	-	-	10/1/2026	Not Allowed	$0.00
1098T	PLMT SUBRTA PROSTH W/VTRC	-	-	10/1/2026	Not Allowed	$0.00
1099T	ABLTJ NCMPTNT VN EXT TC HIFU	-	-	10/1/2026	Not Allowed	$0.00
11000	DBRDMT ECZ/INFECTED SKIN<10%	Y	-	1/1/2026	Fee Schedule	$37.93

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11001	DBRDMT ECZ/INFCT SKN EA ADDL	-	-	7/1/2018	No Separate Payment	$0.00
1100T	TC SPI NEUROMD PRGRMG EA 30	-	-	10/1/2026	Not Allowed	$0.00
11010	DEBRIDE SKIN AT FX SITE	Y	-	1/1/2026	Fee Schedule	$388.55
11011	DEBRIDE SKIN MUSC AT FX SITE	Y	-	1/1/2026	Fee Schedule	$388.55
11012	DEB SKIN BONE AT FX SITE	Y	-	1/1/2026	Fee Schedule	$1,248.36
1101T	TC SPI NEUROMD APPL EACH 15	-	-	10/1/2026	Not Allowed	$0.00
1102T	NTROP MOLEC ASMT LNG TUM TIS	-	-	10/1/2026	Not Allowed	$0.00
1103T	NTROP MOLEC ASMT OV TUB/PRTL	-	-	10/1/2026	Not Allowed	$0.00
11042	DBRDMT SUBQ TIS 1ST 20SQCM/<	Y	-	1/1/2026	Fee Schedule	$223.01
11043	DBRDMT MUSC&/FSCA 1ST 20/<	Y	-	1/1/2026	Fee Schedule	$404.93
11044	DBRDMT BONE 1ST 20 SQ CM/<	Y	-	1/1/2026	Fee Schedule	$742.04
11045	DBRDMT SUBQ TISS EACH ADDL	-	-	7/1/2018	No Separate Payment	$0.00
11046	DBRDMT MUSC&/FSCA EA ADDL	-	-	7/1/2018	No Separate Payment	$0.00
11047	DBRDMT BONE EACH ADDL	-	-	7/1/2018	No Separate Payment	$0.00
1104T	N-INVAS CARDPULM ASSMT CAD	-	-	10/1/2026	Not Allowed	$0.00
11055	PARING/CUTG B9 HYPRKER LES 1	-	-	7/1/2018	No Separate Payment	$0.00
11056	PARNG/CUTG B9 HYPRKR LES 2-4	-	-	7/1/2018	No Separate Payment	$0.00
11057	PARNG/CUTG B9 HYPRKR LES >4	Y	-	1/1/2026	Fee Schedule	$66.46
1105T	PRSNLZ NSTM PLS RATE AUG ALG	-	-	10/1/2026	Not Allowed	$0.00
1106T	ONC BRST AUG ALG HMORPH H&E	-	-	10/1/2026	Not Allowed	$0.00
1107T	ONC PRST8 AUG ALG HMORPH H&E	-	-	10/1/2026	Not Allowed	$0.00
1108T	STRTCTC ICERE IMPL 1+1TRAJ	-	-	10/1/2026	Not Allowed	$0.00
1109T	STRTCTC ICERE IMPL 1+MLT TRJ	-	-	10/1/2026	Not Allowed	$0.00
11102	TANGNTL BX SKIN SINGLE LES	Y	-	1/1/2026	Fee Schedule	$72.51
11103	TANGNTL BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	$0.00
11104	PUNCH BX SKIN SINGLE LESION	Y	-	1/1/2026	Fee Schedule	$91.64
11105	PUNCH BX SKIN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	$0.00
11106	INCAL BX SKN SINGLE LES	Y	-	1/1/2026	Fee Schedule	$115.14
11107	INCAL BX SKN EA SEP/ADDL	-	-	1/1/2019	No Separate Payment	$0.00
1110T	STRTCTC ICERE DLVR 1 TRAJ	-	-	10/1/2026	Not Allowed	$0.00
1111T	STRTCTC ICERE DLVR MLT TRAJ	-	-	10/1/2026	Not Allowed	$0.00
11200	RMVL SKIN TAGS UP TO&INC 15	-	-	7/1/2018	No Separate Payment	$0.00
11201	RMVL SKIN TAGS EA ADDL 10	-	-	7/1/2018	No Separate Payment	$0.00
11300	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	$0.00
11301	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	$0.00
11302	SHAVE SKIN LESION 1.1-2.0 CM	-	-	7/1/2018	No Separate Payment	$0.00
11303	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	$0.00
11305	SHAVE SKIN LESION 0.5 CM/<	-	-	7/1/2018	No Separate Payment	$0.00
11306	SHAVE SKIN LESION 0.6-1.0 CM	-	-	7/1/2018	No Separate Payment	$0.00
11307	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	1/1/2026	Fee Schedule	$89.96
11308	SHAVE SKIN LESION >2.0 CM	-	-	7/1/2018	No Separate Payment	$0.00
11310	SHAVE SKIN LESION 0.5 CM/<	Y	-	1/1/2026	Fee Schedule	$83.58
11311	SHAVE SKIN LESION 0.6-1.0 CM	Y	-	1/1/2026	Fee Schedule	$93.32
11312	SHAVE SKIN LESION 1.1-2.0 CM	Y	-	1/1/2026	Fee Schedule	$104.39
11313	SHAVE SKIN LESION >2.0 CM	Y	-	1/1/2026	Fee Schedule	$116.81
11400	EXC TR-EXT B9+MARG 0.5 CM<	Y	-	1/1/2026	Fee Schedule	$95.33
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y	-	1/1/2026	Fee Schedule	$108.42
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y	-	1/1/2026	Fee Schedule	$118.49
11403	EXC TR-EXT B9+MARG 2.1-3CM	Y	-	1/1/2026	Fee Schedule	$132.26
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y	-	1/1/2026	Fee Schedule	$742.04
11406	EXC TR-EXT B9+MARG >4.0 CM	Y	-	1/1/2026	Fee Schedule	$742.04
11420	EXC H-F-NK-SP B9+MARG 0.5/<	Y	-	1/1/2026	Fee Schedule	$88.28
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y	-	1/1/2026	Fee Schedule	$106.41
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y	-	1/1/2026	Fee Schedule	$118.49

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11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y	-	1/1/2026	Fee Schedule	$133.26
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y	-	1/1/2026	Fee Schedule	$742.04
11426	EXC H-F-NK-SP B9+MARG >4 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
11440	EXC FACE-MM B9+MARG 0.5 CM/<	Y	-	1/1/2026	Fee Schedule	$104.73
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y	-	1/1/2026	Fee Schedule	$118.16
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y	-	1/1/2026	Fee Schedule	$129.57
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y	-	1/1/2026	Fee Schedule	$144.68
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y	-	1/1/2026	Fee Schedule	$742.04
11446	EXC FACE-MM B9+MARG >4 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
11450	EXC SKN HDRDNT AX SMPL/NTRM	Y	-	1/1/2026	Fee Schedule	$1,248.36
11451	EXC SKN HDRDNT AX COMPLEX	Y	-	1/1/2026	Fee Schedule	$1,248.36
11462	EXC SKN HDRDNT ING SMPL/NTRM	Y	-	1/1/2026	Fee Schedule	$1,248.36
11463	EXC SKN HDRDNT ING COMPLEX	Y	-	1/1/2026	Fee Schedule	$1,248.36
11470	EXC SKN H/P/P/U SMPL/NTRM	Y	-	1/1/2026	Fee Schedule	$1,248.36
11471	EXC SKN H/P/P/U COMPLEX	Y	-	1/1/2026	Fee Schedule	$1,248.36
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	Y	-	1/1/2026	Fee Schedule	$138.97
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y	-	1/1/2026	Fee Schedule	$152.40
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y	-	1/1/2026	Fee Schedule	$159.45
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y	-	1/1/2026	Fee Schedule	$174.22
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y	-	1/1/2026	Fee Schedule	$388.55
11606	EXC TR-EXT MAL+MARG >4 CM	Y	-	1/1/2026	Fee Schedule	$742.04
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	Y	-	1/1/2026	Fee Schedule	$138.97
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y	-	1/1/2026	Fee Schedule	$153.40
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y	-	1/1/2026	Fee Schedule	$163.47
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y	-	1/1/2026	Fee Schedule	$182.27
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y	-	1/1/2026	Fee Schedule	$742.04
11626	EXC S/N/H/F/G MAL+MRG >4 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y	-	1/1/2026	Fee Schedule	$141.99
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y	-	1/1/2026	Fee Schedule	$158.44
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y	-	1/1/2026	Fee Schedule	$172.54
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y	-	1/1/2026	Fee Schedule	$191.33
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y	-	1/1/2026	Fee Schedule	$742.04
11646	EXC F/E/E/N/L MAL+MRG >4 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
11719	TRIM NAIL(S) ANY NUMBER	-	-	7/1/2018	No Separate Payment	$0.00
11720	DEBRIDE NAIL 1-5	-	-	7/1/2018	No Separate Payment	$0.00
11721	DEBRIDE NAIL 6 OR MORE	-	-	7/1/2018	No Separate Payment	$0.00
11730	AVULSION NAIL PLATE SIMPLE 1	-	-	7/1/2018	No Separate Payment	$0.00
11732	AVLSN NAIL PLATE SIMPLE EACH	-	-	7/1/2018	No Separate Payment	$0.00
11740	EVACUATION SUBUNGUAL HMTMA	-	-	7/1/2018	No Separate Payment	$0.00
11750	EXCISION NAIL&NAIL MATRIX	Y	-	1/1/2026	Fee Schedule	$102.05
11755	BIOPSY NAIL UNIT	Y	-	1/1/2026	Fee Schedule	$75.53
11760	REPAIR OF NAIL BED	Y	-	1/1/2026	Fee Schedule	$127.89
11762	RECONSTRUCTION OF NAIL BED	Y	-	1/1/2026	Fee Schedule	$187.98
11765	WEDGE EXCISION SKN NAIL FOLD	-	-	7/1/2018	No Separate Payment	$0.00
11770	EXC PILONIDAL CYST SIMPLE	Y	-	1/1/2026	Fee Schedule	$1,248.36
11771	EXC PILONIDAL CYST XTNSV	Y	-	1/1/2026	Fee Schedule	$1,248.36
11772	EXC PILONIDAL CYST COMP	Y	-	1/1/2026	Fee Schedule	$1,248.36
11900	INJECT SKIN LESIONS </W 7	-	-	7/1/2018	No Separate Payment	$0.00
11901	INJECT SKIN LESIONS >7	-	-	7/1/2018	No Separate Payment	$0.00
11920	CORRECT SKIN COLOR 6.0 CM/<	Y	-	1/1/2026	Fee Schedule	$155.42
11921	CORRECT SKN COLOR 6.1-20.0CM	Y	-	1/1/2026	Fee Schedule	$159.78
11922	CORRECT SKIN COLOR EA 20.0CM	-	-	7/1/2018	No Separate Payment	$0.00
11950	SUBQ NJX FILLING MATRL 1CC/<	-	-	4/1/2024	Not Allowed	$0.00
11951	SUBQ NJX FIL MATRL 1.1-5.0CC	-	-	4/1/2024	Not Allowed	$0.00

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11952	SUBQ NJX FIL MATRL 5.1-10CC	-	-	4/1/2024	Not Allowed	$0.00
11954	SUBQ NJX FIL MATRL>10.0 CC	-	-	4/1/2024	Not Allowed	$0.00
11960	INSERT TISSUE EXPANDER(S)	Y	Y	1/1/2026	Fee Schedule	$1,940.78
11970	RPLCMT TISS XPNDR PERM IMPLT	Y	Y	1/1/2026	Fee Schedule	$3,695.53
11971	RMVL TIS XPNDR WO INSJ IMPLT	-	Y	1/1/2026	Fee Schedule	$1,248.36
11976	REMOVE CONTRACEPTIVE CAPSULE	-	-	1/1/2026	Fee Schedule	$78.88
11980	IMPLANT HORMONE PELLET(S)	-	-	7/1/2018	No Separate Payment	$0.00
11981	INSERTION DRUG DLVR IMPLANT	-	-	7/1/2018	No Separate Payment	$0.00
11982	REMOVE DRUG IMPLANT DEVICE	-	-	7/1/2018	No Separate Payment	$0.00
11983	REMOVE/INSERT DRUG IMPLANT	-	-	7/1/2018	No Separate Payment	$0.00
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	-	-	7/1/2018	No Separate Payment	$0.00
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	-	-	7/1/2018	No Separate Payment	$0.00
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM	-	-	7/1/2018	No Separate Payment	$0.00
12005	RPR S/N/A/GEN/TRK12.6-20.0CM	-	-	1/1/2026	Fee Schedule	$223.01
12006	RPR S/N/A/GEN/TRK20.1-30.0CM	-	-	1/1/2026	Fee Schedule	$223.01
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	Y	-	1/1/2026	Fee Schedule	$110.23
12011	RPR F/E/E/N/L/M 2.5 CM/<	-	-	7/1/2018	No Separate Payment	$0.00
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	-	-	7/1/2018	No Separate Payment	$0.00
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	-	-	7/1/2018	No Separate Payment	$0.00
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	-	-	1/1/2026	Fee Schedule	$110.23
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	-	-	1/1/2026	Fee Schedule	$223.01
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	-	-	1/1/2026	Fee Schedule	$223.01
12018	RPR F/E/E/N/L/M >30.0 CM	-	-	1/1/2026	Fee Schedule	$110.23
12020	TX SUPFC WND DEHSN SMPL CLSR	Y	-	1/1/2026	Fee Schedule	$404.93
12021	TX SUPFC WND DEHSN W/PACKING	Y	-	1/1/2026	Fee Schedule	$223.01
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	Y	-	1/1/2026	Fee Schedule	$187.98
12032	INTMD RPR S/A/T/EXT 2.6-7.5	Y	-	1/1/2026	Fee Schedule	$209.80
12034	INTMD RPR S/TR/EXT 7.6-12.5	Y	-	1/1/2026	Fee Schedule	$223.01
12035	INTMD RPR S/A/T/EXT 12.6-20	Y	-	1/1/2026	Fee Schedule	$223.01
12036	INTMD RPR S/A/T/EXT 20.1-30	Y	-	1/1/2026	Fee Schedule	$404.93
12037	INTMD RPR S/TR/EXT >30.0 CM	Y	-	1/1/2026	Fee Schedule	$1,128.57
12041	INTMD RPR N-HF/GENIT 2.5CM/<	-	-	1/1/2026	Fee Schedule	$186.97
12042	INTMD RPR N-HF/GENIT2.6-7.5	Y	-	1/1/2026	Fee Schedule	$205.10
12044	INTMD RPR N-HF/GENIT7.6-12.5	Y	-	1/1/2026	Fee Schedule	$404.93
12045	INTMD RPR N-HF/GENIT12.6-20	Y	-	1/1/2026	Fee Schedule	$404.93
12046	INTMD RPR N-HF/GENIT20.1-30	Y	-	1/1/2026	Fee Schedule	$404.93
12047	INTMD RPR N-HF/GENIT >30.0CM	Y	-	1/1/2026	Fee Schedule	$1,128.57
12051	INTMD RPR FACE/MM 2.5 CM/<	Y	-	1/1/2026	Fee Schedule	$198.38
12052	INTMD RPR FACE/MM 2.6-5.0 CM	Y	-	1/1/2026	Fee Schedule	$208.12
12053	INTMD RPR FACE/MM 5.1-7.5 CM	Y	-	1/1/2026	Fee Schedule	$223.01
12054	INTMD RPR FACE/MM 7.6-12.5CM	-	-	1/1/2026	Fee Schedule	$223.01
12055	INTMD RPR FACE/MM 12.6-20 CM	Y	-	1/1/2026	Fee Schedule	$223.01
12056	INTMD RPR FACE/MM 20.1-30.0	-	-	1/1/2026	Fee Schedule	$223.01
12057	INTMD RPR FACE/MM >30.0 CM	Y	-	1/1/2026	Fee Schedule	$223.01
13100	CMPLX RPR TRUNK 1.1-2.5 CM	Y	-	1/1/2026	Fee Schedule	$404.93
13101	CMPLX RPR TRUNK 2.6-7.5 CM	Y	-	1/1/2026	Fee Schedule	$404.93
13102	CMPLX RPR TRUNK ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	$0.00
13120	CMPLX RPR S/A/L 1.1-2.5 CM	Y	-	1/1/2026	Fee Schedule	$223.01
13121	CMPLX RPR S/A/L 2.6-7.5 CM	Y	-	1/1/2026	Fee Schedule	$223.01
13122	CMPLX RPR S/A/L ADDL 5 CM/>	-	-	7/1/2018	No Separate Payment	$0.00
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	1/1/2026	Fee Schedule	$223.01
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y	-	1/1/2026	Fee Schedule	$223.01
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	-	-	7/1/2018	No Separate Payment	$0.00
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	Y	-	1/1/2026	Fee Schedule	$404.93

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13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	Y	-	1/1/2026	Fee Schedule	$404.93
13153	CMPLX RPR E/N/E/L ADDL 5CM/<	-	-	7/1/2018	No Separate Payment	$0.00
13160	SEC CLSR SURG WND/DEHSN XTN	Y	-	1/1/2026	Fee Schedule	$1,940.78
14000	TIS TRNFR TRUNK 10 SQ CM/<	Y	-	1/1/2026	Fee Schedule	$1,128.57
14001	TIS TRNFR TRUNK 10.1-30SQCM	Y	-	1/1/2026	Fee Schedule	$1,128.57
14020	TIS TRNFR S/A/L 10 SQ CM/<	Y	-	1/1/2026	Fee Schedule	$1,128.57
14021	TIS TRNFR S/A/L 10.1-30 SQCM	Y	-	1/1/2026	Fee Schedule	$1,128.57
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	1/1/2026	Fee Schedule	$1,128.57
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	Y	-	1/1/2026	Fee Schedule	$1,128.57
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	Y	-	1/1/2026	Fee Schedule	$1,128.57
14061	TIS TRNFR E/N/E/L10.1-30SQCM	Y	-	1/1/2026	Fee Schedule	$1,128.57
14301	TIS TRNFR ANY 30.1-60 SQ CM	Y	-	1/1/2026	Fee Schedule	$1,940.78
14302	TIS TRNFR ADDL 30 SQ CM	-	-	7/1/2018	No Separate Payment	$0.00
14350	FILLETED FINGER/TOE FLAP	Y	-	1/1/2026	Fee Schedule	$1,128.57
15002	WOUND PREP TRK/ARM/LEG	Y	-	1/1/2026	Fee Schedule	$404.93
15003	WOUND PREP ADDL 100 CM	-	-	7/1/2018	No Separate Payment	$0.00
15004	WOUND PREP F/N/HF/G	Y	-	1/1/2026	Fee Schedule	$223.01
15005	WND PREP F/N/HF/G ADDL CM	-	-	7/1/2018	No Separate Payment	$0.00
15011	HRV SKN CLL SSP AGRFT 1ST 25	Y	-	1/1/2026	Fee Schedule	$1,128.57
15012	HRV SKN CLL SSP AGRFT EA ADD	-	-	1/1/2025	No Separate Payment	$0.00
15013	PREPJ SKN CLL SSP AGRFT 1ST	-	-	4/1/2026	Fee Schedule	$3,895.34
15014	PREPJ SKN CLL SSP AGRFT EA	-	-	1/1/2025	No Separate Payment	$0.00
15015	APP SKN CL SSP AGRFT T/A/L 1	Y	-	1/1/2026	Fee Schedule	$1,128.57
15016	APP SKN CL SSP AGRF T/A/L EA	-	-	1/1/2025	No Separate Payment	$0.00
15017	APP SKN CLL SSP F/N/G/HF 1ST	Y	-	1/1/2026	Fee Schedule	$1,128.57
15018	APP SKN CLL SSP F/N/G/HF EA	-	-	1/1/2025	No Separate Payment	$0.00
15040	HARVEST CULTURED SKIN GRAFT	Y	-	1/1/2026	Fee Schedule	$1,128.57
15050	PINCH GRAFT UP TO 2 CM DIAM	Y	-	1/1/2026	Fee Schedule	$404.93
15100	SPLT AGRFT T/A/L 1ST 100SQCM	Y	-	1/1/2026	Fee Schedule	$1,128.57
15101	SPLT AGRFT T/A/L EA ADDL 100	-	-	7/1/2018	No Separate Payment	$0.00
15110	EPIDRM AGRFT T/A/L 1ST 100	Y	-	1/1/2026	Fee Schedule	$1,128.57
15111	EPIDRM AGRFT T/A/L EA ADDL	-	-	7/1/2018	No Separate Payment	$0.00
15115	EPDRM AGRFT F/S/N/H/F/G/M 1	Y	-	1/1/2026	Fee Schedule	$1,128.57
15116	EPDRM AGRFT F/S/N/H/F/G/M EA	-	-	7/1/2018	No Separate Payment	$0.00
15120	SPLT AGRFT F/S/N/H/F/G/M 1ST	Y	-	1/1/2026	Fee Schedule	$1,940.78
15121	SPLT AGRFT F/S/N/H/F/G/M EA	-	-	7/1/2018	No Separate Payment	$0.00
15130	DRM AGRFT T/A/L 1ST 100 SQCM	Y	-	1/1/2026	Fee Schedule	$1,128.57
15131	DRM AGRFT T/A/L EA ADDL	-	-	7/1/2018	No Separate Payment	$0.00
15135	DRM AGRFT F/S/N/H/F/G/M 1ST	Y	-	1/1/2026	Fee Schedule	$1,940.78
15136	DRM AGRFT F/S/N/H/F/G/M EA	-	-	7/1/2018	No Separate Payment	$0.00
15150	TIS CLTR SKN AGRFT T/A/L 1ST	Y	-	1/1/2026	Fee Schedule	$1,128.57
15151	TIS CLTR SKN AGRFT T/A/L ADD	-	-	7/1/2018	No Separate Payment	$0.00
15152	TIS CLTR SKN AGRFT T/A/L EA	-	-	7/1/2018	No Separate Payment	$0.00
15155	TIS CLTR AGRFT F/S/N/H/F/G 1	Y	-	1/1/2026	Fee Schedule	$1,940.78
15156	TIS CLT AGRFT F/S/N/H/F/G AD	-	-	7/1/2018	No Separate Payment	$0.00
15157	TIS CLT AGRFT F/S/N/H/F/G EA	-	-	7/1/2018	No Separate Payment	$0.00
15200	FTH/GFT FR TRNK 20 SQ CM/<	Y	-	1/1/2026	Fee Schedule	$1,128.57
15201	FTH/GFT FR TRNK EACH ADDL	-	-	7/1/2018	No Separate Payment	$0.00
15220	FTH/GFT FR S/A/L 20 SQ CM/<	Y	-	1/1/2026	Fee Schedule	$1,128.57
15221	FTH/GFT FR S/A/L EACH ADDL	-	-	7/1/2018	No Separate Payment	$0.00
15240	FTH/GFT F/C/C/M/N/AX/G/H/F20	Y	-	1/1/2026	Fee Schedule	$1,128.57
15241	FTH/GFT F/C/C/M/N/A/G/H/F EA	-	-	7/1/2018	No Separate Payment	$0.00
15260	FTH/GFT FR N/E/E/L 20 SQCM/<	Y	-	1/1/2026	Fee Schedule	$1,128.57
15261	FTH/GFT FR N/E/E/L EACH ADDL	-	-	7/1/2018	No Separate Payment	$0.00

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15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y	-	1/1/2026	Fee Schedule	$404.93
15272	SKIN SUB GRAFT T/A/L ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y	-	1/1/2026	Fee Schedule	$1,128.57
15274	SKN SUB GRFT T/A/L CHILD ADD	-	-	7/1/2018	No Separate Payment	$0.00
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y	-	1/1/2026	Fee Schedule	$94.66
15276	SKIN SUB GRAFT F/N/HF/G ADDL	-	-	7/1/2018	No Separate Payment	$0.00
15277	SKN SUB GRFT F/N/HF/G CHILD	Y	-	1/1/2026	Fee Schedule	$1,128.57
15278	SKN SUB GRFT F/N/HF/G CH ADD	-	-	7/1/2018	No Separate Payment	$0.00
15570	SKIN PEDICLE FLAP TRUNK	Y	-	1/1/2026	Fee Schedule	$1,128.57
15572	SKIN PEDICLE FLAP ARMS/LEGS	Y	-	1/1/2026	Fee Schedule	$1,940.78
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	Y	-	1/1/2026	Fee Schedule	$1,128.57
15576	PEDICLE E/N/E/L/NTRORAL	Y	-	1/1/2026	Fee Schedule	$1,128.57
15600	DELAY FLAP TRUNK	Y	-	1/1/2026	Fee Schedule	$1,940.78
15610	DELAY FLAP ARMS/LEGS	Y	-	1/1/2026	Fee Schedule	$1,128.57
15620	DELAY FLAP F/C/C/N/AX/G/H/F	Y	-	1/1/2026	Fee Schedule	$1,128.57
15630	DELAY FLAP EYE/NOS/EAR/LIP	Y	-	1/1/2026	Fee Schedule	$1,128.57
15650	TRANSFER SKIN PEDICLE FLAP	Y	-	1/1/2026	Fee Schedule	$1,128.57
15730	MDFC FLAP W/PRSRV VASC PEDCL	Y	-	1/1/2026	Fee Schedule	$1,940.78
15731	FOREHEAD FLAP W/VASC PEDICLE	Y	-	1/1/2026	Fee Schedule	$1,940.78
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	Y	-	1/1/2026	Fee Schedule	$1,940.78
15734	MUSCLE-SKIN GRAFT TRUNK	Y	-	1/1/2026	Fee Schedule	$1,940.78
15736	MUSCLE-SKIN GRAFT ARM	Y	-	1/1/2026	Fee Schedule	$1,128.57
15738	MUSCLE-SKIN GRAFT LEG	Y	-	1/1/2026	Fee Schedule	$1,940.78
15740	ISLAND PEDICLE FLAP GRAFT	Y	-	1/1/2026	Fee Schedule	$1,128.57
15750	NEUROVASCULAR PEDICLE FLAP	Y	-	1/1/2026	Fee Schedule	$1,940.78
15760	COMPOSITE SKIN GRAFT	Y	-	1/1/2026	Fee Schedule	$1,128.57
15769	GRFG AUTOL SOFT TISS DIR EXC	Y	-	1/1/2026	Fee Schedule	$1,940.78
15770	DERMA-FAT-FASCIA GRAFT	Y	-	1/1/2026	Fee Schedule	$1,940.78
15771	GRFG AUTOL FAT LIPO 50 CC/<	-	-	4/1/2024	Not Allowed	$0.00
15773	GRFG AUTOL FAT LIPO 25 CC/<	-	-	4/1/2024	Not Allowed	$0.00
15775	HAIR TRNSPL 1-15 PUNCH GRFTS	-	-	4/1/2024	Not Allowed	$0.00
15776	HAIR TRNSPL >15 PUNCH GRAFTS	-	-	4/1/2024	Not Allowed	$0.00
15777	ACELLULAR DERM MATRIX IMPLT	-	-	7/1/2018	No Separate Payment	$0.00
15780	DERMABRASION TOTAL FACE	-	-	4/1/2024	Not Allowed	$0.00
15781	DERMABRASION SEGMENTAL FACE	-	-	4/1/2024	Not Allowed	$0.00
15782	DERMABRASION OTHER THAN FACE	-	-	4/1/2024	Not Allowed	$0.00
15783	DERMABRASION SUPRFL ANY SITE	-	-	4/1/2024	Not Allowed	$0.00
15786	ABRASION LESION SINGLE	-	-	7/1/2018	Not Allowed	$0.00
15787	ABRASION LESIONS ADD-ON	-	-	7/1/2018	Not Allowed	$0.00
15788	CHEMICAL PEEL FACIAL EPIDRM	-	-	7/1/2018	Not Allowed	$0.00
15789	CHEMICAL PEEL FACIAL DERMAL	-	-	4/1/2024	Not Allowed	$0.00
15792	CHEM PEEL NONFACIAL EPIDRM	-	-	7/1/2018	Not Allowed	$0.00
15793	CHEMICAL PEEL NONFACIAL DRM	-	-	7/1/2018	Not Allowed	$0.00
15820	BLEPHAROPLASTY LOWER EYELID	Y	Y	1/1/2026	Fee Schedule	$1,128.57
15821	BLEPHARP LWR EYELID FAT PAD	Y	Y	1/1/2026	Fee Schedule	$1,128.57
15822	BLEPHAROPLASTY UPPER EYELID	Y	Y	1/1/2026	Fee Schedule	$1,128.57
15823	BLEPHARP UPR EYELID XCSV SKN	Y	Y	1/1/2026	Fee Schedule	$1,128.57
15824	RHYTIDECTOMY FOREHEAD	-	-	4/1/2024	Not Allowed	$0.00
15825	RHYTDCT NCK PLTYSML TGHTG	-	-	4/1/2024	Not Allowed	$0.00
15826	RHYTIDECTOMY GLBLR FRN LINES	-	-	4/1/2024	Not Allowed	$0.00
15828	RHYTIDECTOMY CHEEK CHN & NCK	-	-	4/1/2024	Not Allowed	$0.00
15829	RHYTIDECTOMY SMAS FLAP	-	-	4/1/2024	Not Allowed	$0.00
15830	EXC EXCESSIVE SKIN ABDOMEN	Y	Y	1/1/2026	Fee Schedule	$2,848.20
15832	EXC EXCESSIVE SKIN THIGH	Y	Y	1/1/2026	Fee Schedule	$1,248.36

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15833	EXC EXCESSIVE SKIN LEG	Y	Y	1/1/2026	Fee Schedule	$1,248.36
15834	EXC EXCESSIVE SKIN HIP	Y	Y	1/1/2026	Fee Schedule	$1,248.36
15835	EXC EXCESSIVE SKIN BUTTOCK	Y	Y	1/1/2026	Fee Schedule	$1,248.36
15836	EXC EXCESSIVE SKIN ARM	Y	Y	1/1/2026	Fee Schedule	$1,248.36
15837	EXC EXCSV SKIN FOREARM/HAND	Y	Y	1/1/2026	Fee Schedule	$1,248.36
15838	EXC EXCSV SUBMENTAL FAT PAD	Y	Y	1/1/2026	Fee Schedule	$1,248.36
15839	EXC EXCESSIVE SKN OTHER AREA	Y	Y	1/1/2026	Fee Schedule	$1,248.36
15840	NERVE PALSY FASCIAL GRAFT	Y	-	1/1/2026	Fee Schedule	$1,940.78
15841	NERVE PALSY MUSCLE GRAFT	Y	-	1/1/2026	Fee Schedule	$1,940.78
15842	NERVE PALSY MICROSURG GRAFT	Y	-	1/1/2026	Fee Schedule	$1,128.57
15845	SKIN AND MUSCLE REPAIR FACE	Y	-	1/1/2026	Fee Schedule	$1,940.78
15847	EXC SKIN ABD ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
15851	REMOVAL SUTR/STAPLE REQ ANES	Y	-	1/1/2026	Fee Schedule	$1,128.57
15852	DRESSING CHANGE NOT FOR BURN	-	-	7/1/2018	No Separate Payment	$0.00
15860	IV NJX TST VASC FLO FLAP/GRF	-	-	7/1/2018	No Separate Payment	$0.00
15876	SUCTION LIPECTOMY HEAD&NECK	-	-	4/1/2024	Not Allowed	$0.00
15877	SUCTION LIPECTOMY TRUNK	-	-	4/1/2024	Not Allowed	$0.00
15878	SUCTION LIPECTOMY UPR EXTREM	-	-	4/1/2024	Not Allowed	$0.00
15879	SUCTION LIPECTOMY LWR EXTREM	-	-	4/1/2024	Not Allowed	$0.00
15920	EXC COCCYGL PR ULC PRIM SUTR	Y	-	1/1/2026	Fee Schedule	$1,248.36
15922	EXC COCCYGL PR ULC FLAP CLSR	Y	-	1/1/2026	Fee Schedule	$1,940.78
15931	EXC SACRAL PR ULC PRIM SUTR	Y	-	1/1/2026	Fee Schedule	$1,248.36
15933	EXC SAC PR ULC PRIM STR OSTC	Y	-	1/1/2026	Fee Schedule	$1,248.36
15934	EXC SACRAL PR ULC SKN FLAP	Y	-	1/1/2026	Fee Schedule	$1,940.78
15935	EXC SAC PR ULC SKN FLP OSTC	Y	-	1/1/2026	Fee Schedule	$1,940.78
15936	EXC SAC PR ULC PREP MUS FLAP	Y	-	1/1/2026	Fee Schedule	$1,128.57
15937	EXC SAC PR ULC PREP MUS OSTC	Y	-	1/1/2026	Fee Schedule	$1,128.57
15940	EXC ISCHIAL PR ULC PRIM SUTR	Y	-	1/1/2026	Fee Schedule	$1,248.36
15941	EXC ISCH PR ULC PRM SUT OSTC	Y	-	1/1/2026	Fee Schedule	$1,248.36
15944	EXC ISCH PR ULC SKN FLP CLSR	Y	-	1/1/2026	Fee Schedule	$1,940.78
15945	EXC ISCH PR ULC SKN FLP OSTC	Y	-	1/1/2026	Fee Schedule	$1,128.57
15946	EXC ISCH PR ULC PREP MUS FLP	Y	-	1/1/2026	Fee Schedule	$1,128.57
15950	EXC TRCHNTR PR ULC PRIM SUTR	Y	-	1/1/2026	Fee Schedule	$742.04
15951	EXC TRCHNTR PR ULC OSTC	Y	-	1/1/2026	Fee Schedule	$1,248.36
15952	EXC TRCHNTR PR ULC FLP CLSR	Y	-	1/1/2026	Fee Schedule	$1,128.57
15953	EXC TRCHNTR PR ULC FLP OSTC	Y	-	1/1/2026	Fee Schedule	$1,940.78
15956	EXC TRCHNTR PR ULC PREP FLAP	Y	-	1/1/2026	Fee Schedule	$1,128.57
15958	EXC TRCHNTR PR ULC PREP OSTC	Y	-	1/1/2026	Fee Schedule	$1,940.78
16000	INITIAL TREATMENT OF BURN(S)	-	-	7/1/2018	No Separate Payment	$0.00
16020	DRESS/DEBRID P-THICK BURN S	-	-	7/1/2018	No Separate Payment	$0.00
16025	DRESS/DEBRID P-THICK BURN M	Y	-	1/1/2026	Fee Schedule	$110.23
16030	DRESS/DEBRID P-THICK BURN L	Y	-	1/1/2026	Fee Schedule	$223.01
16035	ESCHAROTOMY 1ST INCISION	Y	-	1/1/2026	Fee Schedule	$223.01
17000	DESTRUCT PREMALG LESION	-	-	7/1/2018	No Separate Payment	$0.00
17003	DESTRUCT PREMALG LES 2-14	-	-	7/1/2018	No Separate Payment	$0.00
17004	DESTROY PREMAL LESIONS 15/>	Y	-	1/1/2026	Fee Schedule	$113.79
17106	DSTR CUT VSC PRLF LES<10SQCM	Y	-	1/1/2026	Fee Schedule	$208.79
17107	DSTR CUT VSC PRLF LES10-50SQ	Y	-	1/1/2026	Fee Schedule	$271.56
17108	DSTR CUT VSC PRLF LES>50SQCM	Y	-	1/1/2026	Fee Schedule	$359.51
17110	DESTRUCTION B9 LES UP TO 14	-	-	7/1/2018	No Separate Payment	$0.00
17111	DESTRUCTION B9 LESIONS 15/>	-	-	7/1/2018	No Separate Payment	$0.00
17250	CHEM CAUT OF GRANLTJ TISSUE	-	-	7/1/2018	No Separate Payment	$0.00
17260	DSTRJ MAL LES T/A/L 0.5 CM/<	-	-	7/1/2018	No Separate Payment	$0.00
17261	DSTRJ MAL LES T/A/L .6-1.0CM	-	-	7/1/2018	No Separate Payment	$0.00

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
17262	DSTRJ MAL LES T/A/L 1.1-2.0	-	-	7/1/2018	No Separate Payment	$0.00
17263	DSTRJ MAL LES T/A/L 2.1-3.0	-	-	7/1/2018	No Separate Payment	$0.00
17264	DSTRJ MAL LES T/A/L 3.1-4.0	Y	-	1/1/2026	Fee Schedule	$131.58
17266	DSTRJ MAL LES T/A/L >4.0 CM	Y	-	1/1/2026	Fee Schedule	$145.68
17270	DSTR MAL LES S/N/H/F/G .5 /<	Y	-	1/1/2026	Fee Schedule	$98.35
17271	DSTR MAL LES S/N/H/F/G 0.6-1	Y	-	1/1/2026	Fee Schedule	$107.42
17272	DSTR MAL LES S/N/H/F/G 1.1-2	-	-	7/1/2018	No Separate Payment	$0.00
17273	DSTR MAL LES S/N/H/F/G 2.1-3	Y	-	1/1/2026	Fee Schedule	$129.57
17274	DSTR MAL LES S/N/H/F/G 3.1-4	Y	-	1/1/2026	Fee Schedule	$145.68
17276	DSTR MAL LES S/N/H/F/G >4.0	Y	-	1/1/2026	Fee Schedule	$162.80
17280	DSTR MAL LS F/E/E/N/L/M .5/<	-	-	7/1/2018	No Separate Payment	$0.00
17281	DSTR MAL LS F/E/E/N/L/M .6-1	Y	-	1/1/2026	Fee Schedule	$110.23
17282	DSTR MAL LS F/E/E/N/L/M1.1-2	Y	-	1/1/2026	Fee Schedule	$110.23
17283	DSTR MAL LS F/E/E/N/L/M2.1-3	Y	-	1/1/2026	Fee Schedule	$141.99
17284	DSTR MAL LS F/E/E/N/L/M3.1-4	Y	-	1/1/2026	Fee Schedule	$157.43
17286	DSTR MAL LS F/E/E/N/L/M>4.0	Y	-	1/1/2026	Fee Schedule	$191.67
17311	MOHS 1 STAGE H/N/HF/G	Y	-	1/1/2026	Fee Schedule	$404.93
17312	MOHS ADDL STAGE	-	-	7/1/2018	No Separate Payment	$0.00
17313	MOHS 1 STAGE T/A/L	Y	-	1/1/2026	Fee Schedule	$404.93
17314	MOHS ADDL STAGE T/A/L	-	-	7/1/2018	No Separate Payment	$0.00
17315	MOHS SURG ADDL BLOCK	-	-	7/1/2018	No Separate Payment	$0.00
17340	CRYOTHERAPY FOR ACNE	-	-	7/1/2018	No Separate Payment	$0.00
17360	CHEMICAL EXFOLIATION ACNE	-	-	7/1/2018	No Separate Payment	$0.00
17380	ELECTROLYSIS EPILATION EA 30	-	-	4/1/2024	Not Allowed	$0.00
19000	PUNCTURE ASPIR CYST BREAST	Y	-	1/1/2026	Fee Schedule	$65.46
19001	PUNCTURE ASPIR CYST BRST EA	-	-	7/1/2018	No Separate Payment	$0.00
19020	MASTOTOMY EXPL DRG ABSC DP	Y	-	1/1/2026	Fee Schedule	$742.04
19030	NJX PX ONLY MAM DUCTO/GLCTO	-	-	7/1/2018	No Separate Payment	$0.00
19081	BX BREAST 1ST LESION STRTCTC	Y	-	1/1/2026	Fee Schedule	$742.04
19082	BX BREAST ADD LESION STRTCTC	-	-	7/1/2018	No Separate Payment	$0.00
19083	BX BREAST 1ST LESION US IMAG	Y	-	1/1/2026	Fee Schedule	$742.04
19084	BX BREAST ADD LESION US IMAG	-	-	7/1/2018	No Separate Payment	$0.00
19085	BX BREAST 1ST LESION MR IMAG	Y	-	1/1/2026	Fee Schedule	$742.04
19086	BX BREAST ADD LESION MR IMAG	-	-	7/1/2018	No Separate Payment	$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y	-	1/1/2026	Fee Schedule	$742.04
19101	BIOPSY OF BREAST OPEN	Y	-	1/1/2026	Fee Schedule	$1,603.18
19105	CRYOSURG ABLATE FA EACH	Y	-	1/1/2026	Fee Schedule	$2,387.38
19110	NIPPLE EXPLORATION	Y	-	1/1/2026	Fee Schedule	$1,603.18
19112	EXCISE BREAST DUCT FISTULA	Y	-	1/1/2026	Fee Schedule	$1,603.18
19120	REMOVAL OF BREAST LESION	Y	-	1/1/2026	Fee Schedule	$1,603.18
19125	EXCISION BREAST LESION	Y	-	1/1/2026	Fee Schedule	$1,603.18
19126	EXCISION ADDL BREAST LESION	-	-	7/1/2018	No Separate Payment	$0.00
19281	PERQ DEVICE BREAST 1ST IMAG	-	-	7/1/2018	No Separate Payment	$0.00
19282	PERQ DEVICE BREAST EA IMAG	-	-	7/1/2018	No Separate Payment	$0.00
19283	PERQ DEV BREAST 1ST STRTCTC	-	-	7/1/2018	No Separate Payment	$0.00
19284	PERQ DEV BREAST ADD STRTCTC	-	-	7/1/2018	No Separate Payment	$0.00
19285	PERQ DEV BREAST 1ST US IMAG	-	-	7/1/2018	No Separate Payment	$0.00
19286	PERQ DEV BREAST ADD US IMAG	-	-	7/1/2018	No Separate Payment	$0.00
19287	PERQ DEV BREAST 1ST MR GUIDE	-	-	7/1/2018	No Separate Payment	$0.00
19288	PERQ DEV BREAST ADD MR GUIDE	-	-	7/1/2018	No Separate Payment	$0.00
19294	PREPJ TUM CAV IORT PRTL MAST	-	-	7/1/2018	No Separate Payment	$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y	-	1/1/2026	Fee Schedule	$4,468.78
19297	PLACE BREAST CATH FOR RAD	-	-	7/1/2018	No Separate Payment	$0.00
19298	PLACE BREAST RAD TUBE/CATHS	Y	-	1/1/2026	Fee Schedule	$5,802.32

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19300	MASTECTOMY FOR GYNECOMASTIA	Y	Y	1/1/2026	Fee Schedule	$1,603.18
19301	PARTIAL MASTECTOMY	Y	Y	1/1/2026	Fee Schedule	$1,603.18
19302	P-MASTECTOMY W/LN REMOVAL	Y	Y	1/1/2026	Fee Schedule	$2,848.20
19303	MAST SIMPLE COMPLETE	Y	Y	1/1/2026	Fee Schedule	$2,848.20
19307	MAST MOD RAD	Y	-	1/1/2026	Fee Schedule	$2,848.20
19316	MASTOPEXY	Y	Y	1/1/2026	Fee Schedule	$2,848.20
19318	BREAST REDUCTION	Y	Y	1/1/2026	Fee Schedule	$2,848.20
19325	BREAST AUGMENTATION W/IMPLT	Y	Y	1/1/2026	Fee Schedule	$3,171.50
19328	RMVL INTACT BREAST IMPLANT	-	Y	1/1/2026	Fee Schedule	$1,603.18
19330	RMVL RUPTURED BREAST IMPLANT	-	Y	1/1/2026	Fee Schedule	$1,603.18
19340	INSJ BREAST IMPLT SM D MAST	Y	Y	1/1/2026	Fee Schedule	$3,171.50
19342	INSJ/RPLCMT BRST IMPLT SEP D	Y	Y	1/1/2026	Fee Schedule	$3,171.50
19350	NIPPLE/AREOLA RECONSTRUCTION	Y	Y	1/1/2026	Fee Schedule	$1,603.18
19355	CORRECT INVERTED NIPPLE(S)	-	-	4/1/2024	Not Allowed	$0.00
19357	TISS XPNDR PLMT BRST RCNSTJ	Y	Y	1/1/2026	Fee Schedule	$4,558.14
19370	REVJ PERI-IMPLT CAPSULE BRST	Y	Y	1/1/2026	Fee Schedule	$1,603.18
19371	PERI-IMPLT CAPSLC BRST COMPL	Y	Y	1/1/2026	Fee Schedule	$1,603.18
19380	REVJ RECONSTRUCTED BREAST	Y	Y	1/1/2026	Fee Schedule	$2,848.20
19396	DESIGN CUSTOM BREAST IMPLANT	Y	Y	1/1/2026	Fee Schedule	$1,603.18
19499	UNLISTED PROCEDURE BREAST	-	Y	1/1/2015	Not Allowed	$0.00
20100	EXPL PENTRG WOUND NECK	Y	-	1/1/2026	Fee Schedule	$295.47
20101	EXPL PENTRG WOUND CHEST	Y	-	1/1/2026	Fee Schedule	$1,128.57
20102	EXPL PENTRG WND ABD/FLNK/BK	Y	-	1/1/2026	Fee Schedule	$1,128.57
20103	EXPL PENTRG WOUND EXTREMITY	Y	-	1/1/2026	Fee Schedule	$742.04
20150	EXCISION EPIPHYSEAL BAR	Y	-	1/1/2026	Fee Schedule	$1,644.87
20200	MUSCLE BIOPSY SUPERFICIAL	Y	-	1/1/2026	Fee Schedule	$742.04
20205	DEEP MUSCLE BIOPSY	Y	-	1/1/2026	Fee Schedule	$1,248.36
20206	BIOPSY MUSCLE PERQ NEEDLE	Y	-	1/1/2026	Fee Schedule	$742.04
20220	BONE BIOPSY TROCAR/NDL SUPFC	Y	-	1/1/2026	Fee Schedule	$742.04
20225	BONE BIOPSY TROCAR/NDL DEEP	Y	-	1/1/2026	Fee Schedule	$742.04
20240	BONE BIOPSY OPEN SUPERFICIAL	Y	-	1/1/2026	Fee Schedule	$1,248.36
20245	BONE BIOPSY OPEN DEEP	Y	-	1/1/2026	Fee Schedule	$1,248.36
20250	BIOPSY VRT BDY OPEN THORACIC	Y	-	1/1/2026	Fee Schedule	$1,644.87
20251	BIOPSY VRT BDY OPEN LMBR/CRV	Y	-	1/1/2026	Fee Schedule	$3,695.53
20500	NJX SINUS TRACT THERAPEUTIC	Y	-	1/1/2026	Fee Schedule	$82.24
20501	NJX SINUS TRACT DIAGNOSTIC	-	-	7/1/2018	No Separate Payment	$0.00
20520	RMVL FB MUSC/TDN SIMPLE	Y	-	1/1/2026	Fee Schedule	$159.78
20525	RMVL FB MUSC/TDN DEEP/COMP	Y	-	1/1/2026	Fee Schedule	$1,248.36
20526	THER INJECTION CARP TUNNEL	Y	-	1/1/2026	Fee Schedule	$52.03
20527	NJX NZM PALMAR FASCIAL CORD	Y	-	1/1/2026	Fee Schedule	$55.39
20550	NJX 1 TENDON SHEATH/LIGAMENT	Y	-	1/1/2026	Fee Schedule	$33.23
20551	NJX 1 TENDON ORIGIN/INSJ	Y	-	1/1/2026	Fee Schedule	$33.57
20552	NJX 1/MLT TRIGGER POINT 1/2	Y	-	1/1/2026	Fee Schedule	$28.20
20553	NJX 1/MLT TRIGGER POINTS 3/>	Y	-	1/1/2026	Fee Schedule	$32.90
20555	PLACE NDL MUSC/TIS FOR RT	Y	-	1/1/2026	Fee Schedule	$1,644.87
20600	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2026	Fee Schedule	$32.22
20604	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2026	Fee Schedule	$54.72
20605	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2026	Fee Schedule	$32.56
20606	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2026	Fee Schedule	$57.74
20610	DRAIN/INJ JOINT/BURSA W/O US	Y	-	1/1/2026	Fee Schedule	$38.94
20611	DRAIN/INJ JOINT/BURSA W/US	Y	-	1/1/2026	Fee Schedule	$64.11
20612	ASPIRATE/INJ GANGLION CYST	Y	-	1/1/2026	Fee Schedule	$42.30
20615	TREATMENT OF BONE CYST	Y	-	1/1/2026	Fee Schedule	$166.16
20650	INSERT AND REMOVE BONE PIN	Y	-	1/1/2026	Fee Schedule	$1,644.87

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20660	APPLY REM FIXATION DEVICE	-	-	4/1/2026	Fee Schedule	$872.87
20661	APPLICATION HALO CRANIAL	-	-	4/1/2026	Fee Schedule	$1,105.94
20662	APPLICATION HALO PELVIC	Y	-	1/1/2026	Fee Schedule	$872.87
20663	APPLICATION HALO FEMORAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
20664	APPL HALO CRANIAL 6+PINS	-	-	4/1/2026	Fee Schedule	$1,105.94
20665	RMVL TONGS/HALO ANTHR INDIV	-	-	1/1/2026	Fee Schedule	$241.78
20670	REMOVAL IMPLANT SUPERFICIAL	-	-	1/1/2026	Fee Schedule	$742.04
20680	REMOVAL OF IMPLANT DEEP	-	-	1/1/2026	Fee Schedule	$1,248.36
20690	APPL UNIPLN UNI EXT FIXJ SYS	Y	-	1/1/2026	Fee Schedule	$5,273.70
20692	APPL MLTPLN UNI EXT FIXJ SYS	Y	-	1/1/2026	Fee Schedule	$9,607.67
20693	ADJMT/REVJ EXT FIXJ SYS ANES	Y	-	1/1/2026	Fee Schedule	$3,695.53
20694	RMVL EXT FIXJ SYS UNDER ANES	-	-	1/1/2026	Fee Schedule	$872.87
20696	APP MLTPLN UNI XTRNL FIX 1ST	Y	-	1/1/2026	Fee Schedule	$17,996.90
20697	APP MLTPLN UNI XTRNL FIX XCH	Y	-	1/1/2026	Fee Schedule	$872.87
20700	MNL PREP&INSJ DP RX DLVR DEV	-	-	4/1/2023	No Separate Payment	$0.00
20802	REPLANTATION ARM COMPLETE	Y	-	1/1/2026	Fee Schedule	$13,933.19
20805	REPLANT FOREARM COMPLETE	Y	-	1/1/2026	Fee Schedule	$13,933.19
20808	REPLANTATION HAND COMPLETE	Y	-	1/1/2026	Fee Schedule	$13,933.19
20816	REPLANTATION DIGIT COMPLETE	Y	-	1/1/2026	Fee Schedule	$1,105.94
20822	REPLANTATION DIGIT COMPLETE	Y	-	1/1/2026	Fee Schedule	$872.87
20824	REPLANTATION THUMB COMPLETE	Y	-	1/1/2026	Fee Schedule	$1,105.94
20827	REPLANTATION THUMB COMPLETE	Y	-	1/1/2026	Fee Schedule	$872.87
20838	REPLANTATION FOOT COMPLETE	Y	-	1/1/2026	Fee Schedule	$13,933.19
20900	REMOVAL OF BONE FOR GRAFT	Y	-	1/1/2026	Fee Schedule	$4,682.29
20902	REMOVAL OF BONE FOR GRAFT	Y	-	1/1/2026	Fee Schedule	$3,695.53
20910	REMOVE CARTILAGE FOR GRAFT	Y	-	1/1/2026	Fee Schedule	$404.93
20912	REMOVE CARTILAGE FOR GRAFT	Y	-	1/1/2026	Fee Schedule	$1,940.78
20920	REMOVAL OF FASCIA FOR GRAFT	Y	-	1/1/2026	Fee Schedule	$1,128.57
20922	REMOVAL OF FASCIA FOR GRAFT	Y	-	1/1/2026	Fee Schedule	$1,128.57
20924	REMOVAL OF TENDON FOR GRAFT	Y	-	1/1/2026	Fee Schedule	$3,695.53
20930	SP BONE ALGRFT MORSEL ADD-ON	-	-	10/1/2020	No Separate Payment	$0.00
20931	SP BONE ALGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
20932	OSTEOART ALGRFT W/SURF & B1	-	-	1/1/2019	No Separate Payment	$0.00
20933	HEMICRT INTRCLRY ALGRFT PRTL	-	-	1/1/2019	No Separate Payment	$0.00
20934	INTERCALARY ALGRFT COMPL	-	-	1/1/2019	No Separate Payment	$0.00
20936	SP BONE AGRFT LOCAL ADD-ON	-	-	10/1/2020	No Separate Payment	$0.00
20937	SP BONE AGRFT MORSEL ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
20938	SP BONE AGRFT STRUCT ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
20939	BONE MARROW ASPIR BONE GRFG	-	-	7/1/2018	No Separate Payment	$0.00
20950	MNTR INTRSTITIAL FLUID PRESS	Y	-	1/1/2026	Fee Schedule	$388.55
20955	FIBULA BONE GRAFT MICROVASC	Y	-	1/1/2026	Fee Schedule	$4,682.29
20956	ILIAC BONE GRAFT MICROVASC	Y	-	1/1/2026	Fee Schedule	$4,682.29
20957	MT BONE GRAFT MICROVASC	Y	-	1/1/2026	Fee Schedule	$4,682.29
20962	OTHER BONE GRAFT MICROVASC	Y	-	1/1/2026	Fee Schedule	$4,682.29
20969	BONE/SKIN GRAFT MICROVASC	Y	-	1/1/2026	Fee Schedule	$4,682.29
20970	BONE/SKIN GRAFT ILIAC CREST	Y	-	1/1/2026	Fee Schedule	$4,682.29
20972	BONE/SKIN GRAFT METATARSAL	Y	-	1/1/2026	Fee Schedule	$3,695.53
20973	BONE/SKIN GRAFT GREAT TOE	Y	-	1/1/2026	Fee Schedule	$4,682.29
20975	ESTIM AID BONE HEALG INVASIV	-	-	7/1/2018	No Separate Payment	$0.00
20979	LW NTSTY US STIMJ BONE HEALG	-	-	7/1/2018	No Separate Payment	$0.00
20982	ABLATE BONE TUMOR(S) PERQ	Y	-	1/1/2026	Fee Schedule	$9,255.83
20983	ABLATE BONE TUMOR(S) PERQ	Y	-	1/1/2026	Fee Schedule	$5,274.34
20985	CPTR-ASST DIR MS PX	-	-	7/1/2018	No Separate Payment	$0.00
21010	INCISION OF JAW JOINT	Y	-	1/1/2026	Fee Schedule	$1,480.50

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21011	EXC FACE LES SC <2 CM	Y	-	1/1/2026	Fee Schedule	$281.30
21012	EXC FACE LES SBQ 2 CM/>	Y	-	1/1/2026	Fee Schedule	$742.04
21013	EXC FACE TUM DEEP < 2 CM	Y	-	1/1/2026	Fee Schedule	$358.17
21014	EXC FACE TUM DEEP 2 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
21015	RESECT FACE/SCALP TUM < 2 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
21016	RESECT FACE/SCALP TUM 2 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
21025	EXCISION OF BONE LOWER JAW	Y	-	1/1/2026	Fee Schedule	$3,025.62
21026	EXCISION OF FACIAL BONE(S)	Y	-	1/1/2026	Fee Schedule	$3,025.62
21029	CONTOUR OF FACE BONE LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y	-	1/1/2026	Fee Schedule	$297.74
21031	REMOVE EXOSTOSIS MANDIBLE	Y	-	1/1/2026	Fee Schedule	$269.21
21032	REMOVE EXOSTOSIS MAXILLA	Y	-	1/1/2026	Fee Schedule	$262.16
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y	-	1/1/2026	Fee Schedule	$3,025.62
21040	EXCISE MANDIBLE LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
21044	REMOVAL OF JAW BONE LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
21045	EXTENSIVE JAW SURGERY	Y	-	1/1/2026	Fee Schedule	$3,025.62
21046	REMOVE MANDIBLE CYST COMPLEX	Y	-	1/1/2026	Fee Schedule	$3,025.62
21047	EXCISE LWR JAW CYST W/REPAIR	Y	-	1/1/2026	Fee Schedule	$3,025.62
21048	REMOVE MAXILLA CYST COMPLEX	Y	-	1/1/2026	Fee Schedule	$3,025.62
21049	EXCIS UPPR JAW CYST W/REPAIR	Y	-	1/1/2026	Fee Schedule	$3,025.62
21050	REMOVAL OF JAW JOINT	Y	-	1/1/2026	Fee Schedule	$3,025.62
21060	REMOVE JAW JOINT CARTILAGE	Y	-	1/1/2026	Fee Schedule	$3,025.62
21070	REMOVE CORONOID PROCESS	Y	-	1/1/2026	Fee Schedule	$3,025.62
21073	MNPJ OF TMJ W/ANESTH	Y	-	1/1/2026	Fee Schedule	$303.11
21076	IMPRES&PREP SURG OBT PROSTH	Y	-	1/1/2026	Fee Schedule	$429.66
21077	IMPRES&PREP ORBITAL PROSTH	Y	-	1/1/2026	Fee Schedule	$975.81
21079	IMPRES&PREP INTRM OBT PROSTH	Y	-	1/1/2026	Fee Schedule	$713.65
21080	IMPRES&PREP DEF OBT PROSTH	Y	-	1/1/2026	Fee Schedule	$820.73
21081	IMPRES&PREP MNDBL RES PROSTH	Y	-	1/1/2026	Fee Schedule	$762.32
21082	IMPRES&PREP PALTL AUG PROSTH	Y	-	1/1/2026	Fee Schedule	$743.18
21083	IMPRES&PREP PALTL LFT PROSTH	Y	-	1/1/2026	Fee Schedule	$715.99
21084	IMPRES&PREP SP AID PROSTH	Y	-	1/1/2026	Fee Schedule	$798.91
21085	IMPRES&PREP ORAL SURG SPLINT	Y	-	1/1/2026	Fee Schedule	$129.50
21086	IMPRES&PREP AURICULAR PROSTH	Y	-	1/1/2026	Fee Schedule	$728.41
21087	IMPRES&PREP NASAL PROSTH	Y	-	1/1/2026	Fee Schedule	$728.41
21088	IMPRES&PREP FACIAL PROSTH	Y	-	1/1/2026	Fee Schedule	$1,480.50
21100	MAXILLOFACIAL FIXATION	Y	-	1/1/2026	Fee Schedule	$3,025.62
21110	INTERDENTAL FIXATION	-	-	1/1/2026	Fee Schedule	$657.59
21116	INJECTION JAW JOINT X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
21120	GENIOPLASTY AUGMENTATION	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21121	GENIOP SLDG OSTEOT 1	Y	Y	1/1/2026	Fee Schedule	$2,153.56
21122	GENIOP SLDG OSTEOT 2/>	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21123	GENIOP SLDG AUGMENTATION	Y	Y	1/1/2026	Fee Schedule	$1,480.50
21125	AUGMENTATION MNDBLR PROSTC	Y	Y	1/1/2026	Fee Schedule	$3,833.49
21127	AUGMENTATION MNDBLR B1 GRF	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21137	RDCTJ FOREHEAD CNTRG ONLY	Y	Y	1/1/2026	Fee Schedule	$1,480.50
21138	RDCTJ FOREHEAD CNTRG&PROSTC	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21139	RDCTJ FOREHEAD CNTRG&SETBACK	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21141	RCNSTJ MIDFACE LEFORT I 1PC	Y	-	1/1/2026	Fee Schedule	$3,025.62
21142	RCNSTJ MIDFACE LEFORT I 2PCS	Y	-	1/1/2026	Fee Schedule	$3,881.44
21143	RCNSTJ MDFACE LEFORT I 3/>PC	Y	-	1/1/2026	Fee Schedule	$3,025.62
21145	RCNSTJ MDFC LEFORT I 1 W/GRF	Y	-	1/1/2026	Fee Schedule	$4,007.31
21146	RCNSTJ MDFC LEFORT I 2 W/GRF	Y	-	1/1/2026	Fee Schedule	$3,833.49
21147	RCNSTJ MDFC LEFORT I 3/>GRF	Y	-	1/1/2026	Fee Schedule	$3,833.49

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21150	RCNSTJ MDFC LEFRTII ANT NTRU	Y	Y	1/1/2026	Fee Schedule	$3,833.49
21151	RCNSTJ MDFC LEFRTII W/B1 GRF	Y	-	1/1/2026	Fee Schedule	$3,833.49
21154	RCNSTJ MDFC LEFORT III W/O I	Y	-	1/1/2026	Fee Schedule	$3,833.49
21155	RCNSTJ MDFC LEFORT III W/I	Y	-	1/1/2026	Fee Schedule	$3,833.49
21159	RCNST MDFC LFRTIII ADVM WO I	Y	-	1/1/2026	Fee Schedule	$3,833.49
21160	RCNST MDFC LFRTIII ADVM W/I	Y	-	1/1/2026	Fee Schedule	$3,833.49
21172	RCNST SUPR-LAT ORB RM&LW FHD	Y	-	1/1/2026	Fee Schedule	$3,025.62
21175	RCNST BFRNT SP ORB RM&LW FHD	Y	-	1/1/2026	Fee Schedule	$3,025.62
21179	RCNSTJ FOREHEAD WITH GRAFTS	Y	-	1/1/2026	Fee Schedule	$3,833.49
21180	RCNSTJ FOREHEAD W/AUTOGRAFT	Y	-	1/1/2026	Fee Schedule	$3,833.49
21181	RCNST CNTRG B9 TUM CRNL XTRC	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21182	RECONSTRUCT CRANIAL BONE	Y	-	1/1/2026	Fee Schedule	$3,833.49
21183	RECONSTRUCT CRANIAL BONE	Y	-	1/1/2026	Fee Schedule	$3,833.49
21184	RECONSTRUCT CRANIAL BONE	Y	-	1/1/2026	Fee Schedule	$3,833.49
21188	RECONSTRUCTION OF MIDFACE	Y	-	1/1/2026	Fee Schedule	$3,833.49
21193	RECONST LWR JAW W/O GRAFT	Y	-	1/1/2026	Fee Schedule	$3,025.62
21194	RECONST LWR JAW W/GRAFT	Y	-	1/1/2026	Fee Schedule	$3,833.49
21195	RECONST LWR JAW W/O FIXATION	Y	-	1/1/2026	Fee Schedule	$4,052.92
21196	RECONST LWR JAW W/FIXATION	Y	-	1/1/2026	Fee Schedule	$3,025.62
21198	RECONSTR LWR JAW SEGMENT	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21208	AUGMENTATION OF FACIAL BONES	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21209	REDUCTION OF FACIAL BONES	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21210	FACE BONE GRAFT	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21215	LOWER JAW BONE GRAFT	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21230	RIB CARTILAGE GRAFT	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21235	EAR CARTILAGE GRAFT	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2026	Fee Schedule	$19,506.64
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	1/1/2026	Fee Schedule	$4,139.44
21245	RECONSTRUCTION OF JAW	Y	Y	1/1/2026	Fee Schedule	$4,422.46
21246	RECONSTRUCTION OF JAW	Y	Y	1/1/2026	Fee Schedule	$5,000.74
21247	RECONSTRUCT LOWER JAW BONE	Y	-	1/1/2026	Fee Schedule	$3,025.62
21248	RECONSTRUCTION OF JAW	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21249	RECONSTRUCTION OF JAW	Y	Y	1/1/2026	Fee Schedule	$3,025.62
21255	RECONSTRUCT LOWER JAW BONE	Y	-	1/1/2026	Fee Schedule	$3,833.49
21256	RECONSTRUCTION OF ORBIT	Y	-	1/1/2026	Fee Schedule	$3,865.81
21260	REVISE EYE SOCKETS	Y	-	1/1/2026	Fee Schedule	$3,025.62
21261	REVISE EYE SOCKETS	Y	-	1/1/2026	Fee Schedule	$3,025.62
21263	REVISE EYE SOCKETS	Y	-	1/1/2026	Fee Schedule	$3,025.62
21267	REVISE EYE SOCKETS	Y	-	1/1/2026	Fee Schedule	$5,082.31
21268	REVISE EYE SOCKETS	Y	-	1/1/2026	Fee Schedule	$3,833.49
21270	AUGMENTATION CHEEK BONE	Y	-	1/1/2026	Fee Schedule	$4,122.76
21275	REVISION ORBITOFACIAL BONES	Y	-	1/1/2026	Fee Schedule	$3,843.65
21280	MEDIAL CANTHOPEXY	Y	-	1/1/2026	Fee Schedule	$1,480.50
21282	LATERAL CANTHOPEXY	Y	-	1/1/2026	Fee Schedule	$1,480.50
21295	REVISION OF JAW MUSCLE/BONE	Y	-	1/1/2026	Fee Schedule	$659.17
21296	REVISION OF JAW MUSCLE/BONE	Y	-	1/1/2026	Fee Schedule	$1,480.50
21315	CLSD TX NSL FX MNPJ WO STBLJ	Y	-	1/1/2026	Fee Schedule	$659.17
21320	CLSD TX NSL FX W/MNPJ&STABLJ	Y	-	1/1/2026	Fee Schedule	$1,480.50
21325	OPEN TX NOSE FX UNCOMPLICATD	Y	-	1/1/2026	Fee Schedule	$1,480.50
21330	OPEN TX NOSE FX W/SKELE FIXJ	Y	-	1/1/2026	Fee Schedule	$3,025.62

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21335	OPEN TX NOSE & SEPTAL FX	Y	-	1/1/2026	Fee Schedule	$1,480.50
21336	OPEN TX SEPTAL FX W/WO STABJ	Y	-	1/1/2026	Fee Schedule	$1,644.87
21337	CLOSED TX SEPTAL&NOSE FX	Y	-	1/1/2026	Fee Schedule	$1,480.50
21338	OPEN NASOETHMOID FX W/O FIXJ	Y	-	1/1/2026	Fee Schedule	$3,025.62
21339	OPEN NASOETHMOID FX W/ FIXJ	Y	-	1/1/2026	Fee Schedule	$3,025.62
21340	PERQ TX NASOETHMOID FX	Y	-	1/1/2026	Fee Schedule	$1,480.50
21343	OPEN TX DPRSD FRONT SINUS FX	Y	-	1/1/2026	Fee Schedule	$4,077.94
21344	OPEN TX COMPL FRONT SINUS FX	Y	-	1/1/2026	Fee Schedule	$3,025.62
21345	CLOSED TX NOSE/JAW FX	Y	-	1/1/2026	Fee Schedule	$659.17
21346	OPN TX NASOMAX FX W/FIXJ	Y	-	1/1/2026	Fee Schedule	$3,025.62
21347	OPN TX NASOMAX FX MULTPLE	Y	-	1/1/2026	Fee Schedule	$3,873.89
21348	OPN TX NASOMAX FX W/GRAFT	Y	-	1/1/2026	Fee Schedule	$3,833.49
21355	PERQ TX MALAR FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,480.50
21356	OPN TX DPRSD ZYGOMATIC ARCH	Y	-	1/1/2026	Fee Schedule	$3,025.62
21360	OPN TX DPRSD MALAR FRACTURE	Y	-	1/1/2026	Fee Schedule	$3,025.62
21365	OPN TX COMPLX MALAR FX	Y	-	1/1/2026	Fee Schedule	$3,025.62
21366	OPN TX COMPLX MALAR W/GRFT	Y	-	1/1/2026	Fee Schedule	$3,833.49
21385	OPN TX ORBIT FX TRANSANTRAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
21386	OPN TX ORBIT FX PERIORBITAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
21387	OPN TX ORBIT FX COMBINED	Y	-	1/1/2026	Fee Schedule	$3,025.62
21390	OPN TX ORBIT PERIORBTL IMPLT	Y	-	1/1/2026	Fee Schedule	$3,025.62
21395	OPN TX ORBIT PERIORBT W/GRFT	Y	-	1/1/2026	Fee Schedule	$3,025.62
21400	CLOSED TX ORBIT W/O MANIPULJ	Y	-	1/1/2026	Fee Schedule	$295.47
21401	CLOSED TX ORBIT W/MANIPULJ	Y	-	1/1/2026	Fee Schedule	$659.17
21406	OPN TX ORBIT FX W/O IMPLANT	Y	-	1/1/2026	Fee Schedule	$3,025.62
21407	OPN TX ORBIT FX W/IMPLANT	Y	-	1/1/2026	Fee Schedule	$3,025.62
21408	OPN TX ORBIT FX W/BONE GRFT	Y	-	1/1/2026	Fee Schedule	$3,025.62
21421	CLTX PALATAL/MAX FX WIRE FIX	Y	-	1/1/2026	Fee Schedule	$1,480.50
21422	OPTX PALATAL/MAX FRACTURE	Y	-	1/1/2026	Fee Schedule	$3,926.27
21423	OPTX PALATAL/MAX FX COMP	Y	-	1/1/2026	Fee Schedule	$4,839.69
21431	CLTX CRANIOFACIAL SEPARATION	Y	-	1/1/2026	Fee Schedule	$3,833.49
21432	OPTX CRANFCL SEP W/WIRING	Y	-	1/1/2026	Fee Schedule	$3,833.49
21433	OPTX CRANFCL SEP COMP MLT	Y	-	1/1/2026	Fee Schedule	$3,833.49
21435	OPTX CRNFC SEP COMP INT&/XTR	Y	-	1/1/2026	Fee Schedule	$3,833.49
21436	OPTX CRNFCL SEP COMP MLT INT	Y	-	1/1/2026	Fee Schedule	$3,833.49
21440	CLTX MNDBLR/MAX ALV RIDGE FX	Y	-	1/1/2026	Fee Schedule	$670.01
21445	OPTX MNDBLR/MAX ALV RIDGE FX	Y	-	1/1/2026	Fee Schedule	$3,025.62
21450	CLTX MNDBLR FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$295.47
21451	CLTX MNDBLR FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$659.17
21452	PERQ TX MNDBLR FX XTRNL FIXJ	Y	-	1/1/2026	Fee Schedule	$3,025.62
21453	CLTX MNDBLR FX NTRDNTL FIXJ	Y	-	1/1/2026	Fee Schedule	$3,025.62
21454	OPTX MNDBLR FX XTRNL FIXJ	Y	-	1/1/2026	Fee Schedule	$3,025.62
21461	OPTX MNDBLR FX WO NTRDNTL	Y	-	1/1/2026	Fee Schedule	$3,833.49
21462	OPTX MNDBLR FX W/NTRDNTL	Y	-	1/1/2026	Fee Schedule	$3,900.21
21465	OPTX MNDBLR CNDYLR FX	Y	-	1/1/2026	Fee Schedule	$3,833.49
21470	OPTX COMPLICATED MNDBLR FX	Y	-	1/1/2026	Fee Schedule	$3,913.76
21480	CLTX TMPRMAND DISLC 1ST/SBSQ	Y	-	1/1/2026	Fee Schedule	$135.54
21485	CLTX TMPRMAND DISLC COMP	Y	-	1/1/2026	Fee Schedule	$659.17
21490	OPTX TMPRMAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,881.17
21497	INTERDENTAL WIRG OTH/THN FX	Y	-	1/1/2026	Fee Schedule	$659.17
21501	I&D DP ABSC/HMTMA SFT TS NCK	Y	-	1/1/2026	Fee Schedule	$1,248.36
21502	I&D DP ABS/HMTM NCK RIB OSTC	Y	-	1/1/2026	Fee Schedule	$1,644.87
21510	INC DEEP OPNG B1 CRTX THORAX	Y	-	1/1/2026	Fee Schedule	$1,644.87
21550	BIOPSY OF NECK/CHEST	Y	-	1/1/2026	Fee Schedule	$742.04

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21552	EXC NECK LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
21554	EXC NECK TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
21555	EXC NECK LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	$742.04
21556	EXC NECK TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
21557	RESECT NECK THORAX TUMOR<5CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
21558	RESECT NECK TUMOR 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
21600	PARTIAL REMOVAL OF RIB	Y	-	1/1/2026	Fee Schedule	$3,695.53
21601	EXC CHEST WALL TUMOR W/RIBS	Y	-	1/1/2026	Fee Schedule	$1,248.36
21602	EXC CH WAL TUM W/O LYMPHADEC	Y	-	1/1/2026	Fee Schedule	$4,682.29
21603	EXC CH WAL TUM W/LYMPHADEC	Y	-	1/1/2026	Fee Schedule	$4,682.29
21610	COSTOTRANSVERSECTOMY	Y	-	1/1/2026	Fee Schedule	$1,644.87
21615	EXCISION 1ST &/CERVICAL RIB	Y	-	1/1/2026	Fee Schedule	$3,695.53
21616	EXC 1ST&/CRV RIB W/SYMPTH	Y	-	1/1/2026	Fee Schedule	$3,695.53
21620	OSTECTOMY STERNUM PARTIAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
21627	STERNAL DEBRIDEMENT	Y	-	1/1/2026	Fee Schedule	$1,644.87
21630	RADICAL RESECTION STERNUM	Y	-	1/1/2026	Fee Schedule	$3,695.53
21685	HYOID MYOTOMY & SUSPENSION	Y	-	1/1/2026	Fee Schedule	$4,039.11
21700	REVISION OF NECK MUSCLE	Y	-	1/1/2026	Fee Schedule	$3,695.53
21705	REVISION OF NECK MUSCLE/RIB	Y	-	1/1/2026	Fee Schedule	$3,695.53
21720	REVISION OF NECK MUSCLE	Y	-	1/1/2026	Fee Schedule	$1,644.87
21725	REVISION OF NECK MUSCLE	Y	-	1/1/2026	Fee Schedule	$388.55
21740	RECONSTRUCTION OF STERNUM	Y	-	1/1/2026	Fee Schedule	$4,682.29
21742	REPAIR STERN/NUSS W/O SCOPE	Y	-	1/1/2026	Fee Schedule	$2,084.06
21743	REPAIR STERNUM/NUSS W/SCOPE	Y	-	1/1/2026	Fee Schedule	$2,084.06
21750	REPAIR OF STERNUM SEPARATION	Y	-	1/1/2026	Fee Schedule	$4,682.29
21820	TREAT STERNUM FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
21825	TREAT STERNUM FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,682.29
21920	BIOPSY SOFT TISSUE OF BACK	Y	-	1/1/2026	Fee Schedule	$185.96
21925	BIOPSY SOFT TISSUE OF BACK	Y	-	1/1/2026	Fee Schedule	$742.04
21930	EXC BACK LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	$345.75
21931	EXC BACK LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	$742.04
21932	EXC BACK TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
21933	EXC BACK TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
21935	RESECT BACK TUM < 5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
21936	RESECT BACK TUM 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
22010	I&D P-SPINE C/T/CERV-THOR	Y	-	1/1/2026	Fee Schedule	$3,695.53
22015	I&D ABSCESS P-SPINE L/S/LS	Y	-	1/1/2026	Fee Schedule	$3,695.53
22100	REMOVE PART OF NECK VERTEBRA	Y	-	1/1/2026	Fee Schedule	$3,695.53
22101	REMOVE PART THORAX VERTEBRA	Y	-	1/1/2026	Fee Schedule	$3,695.53
22102	REMOVE PART LUMBAR VERTEBRA	Y	-	1/1/2026	Fee Schedule	$3,695.53
22103	REMOVE EXTRA SPINE SEGMENT	-	-	7/1/2018	No Separate Payment	$0.00
22110	REMOVE PART OF NECK VERTEBRA	Y	-	1/1/2026	Fee Schedule	$3,695.53
22112	REMOVE PART THORAX VERTEBRA	Y	-	1/1/2026	Fee Schedule	$3,695.53
22114	REMOVE PART LUMBAR VERTEBRA	Y	-	1/1/2026	Fee Schedule	$3,695.53
22116	REMOVE EXTRA SPINE SEGMENT	-	-	1/1/2026	No Separate Payment	$0.00
22206	INCIS SPINE 3 COLUMN THORAC	Y	-	1/1/2026	Fee Schedule	$3,695.53
22207	INCIS SPINE 3 COLUMN LUMBAR	Y	-	1/1/2026	Fee Schedule	$3,695.53
22208	INCIS SPINE 3 COLUMN ADL SEG	-	-	1/1/2026	No Separate Payment	$0.00
22210	INCIS 1 VERTEBRAL SEG CERV	Y	-	1/1/2026	Fee Schedule	$4,682.29
22212	INCIS 1 VERTEBRAL SEG THORAC	Y	-	1/1/2026	Fee Schedule	$5,677.95
22214	INCIS 1 VERTEBRAL SEG LUMBAR	Y	-	1/1/2026	Fee Schedule	$5,666.81
22216	INCIS ADDL SPINE SEGMENT	-	-	1/1/2026	No Separate Payment	$0.00
22220	OSTEOT DSC ANT 1 VRT SGM CRV	Y	-	1/1/2026	Fee Schedule	$6,248.35
22222	OSTEOT DSC ANT 1VRT SGM THRC	Y	-	1/1/2026	Fee Schedule	$3,695.53

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22224	OSTEOT DSC ANT 1VRT SGM LMBR	Y	-	1/1/2026	Fee Schedule	$3,695.53
22226	OSTEOT DSC ANT 1VRT SGM EA	-	-	1/1/2026	No Separate Payment	$0.00
22310	CLOSED TX VERT FX W/O MANJ	Y	-	1/1/2026	Fee Schedule	$135.54
22315	CLOSED TX VERT FX W/MANJ	Y	-	1/1/2026	Fee Schedule	$1,644.87
22318	TREAT ODONTOID FX W/O GRAFT	Y	-	1/1/2026	Fee Schedule	$6,804.43
22319	TREAT ODONTOID FX W/GRAFT	Y	-	1/1/2026	Fee Schedule	$9,493.97
22325	TREAT SPINE FRACTURE	Y	-	1/1/2026	Fee Schedule	$9,305.25
22326	TREAT NECK SPINE FRACTURE	Y	-	1/1/2026	Fee Schedule	$6,804.43
22327	TREAT THORAX SPINE FRACTURE	Y	-	1/1/2026	Fee Schedule	$9,498.65
22328	TREAT EACH ADD SPINE FX	-	-	1/1/2026	No Separate Payment	$0.00
22505	MANIPULATION OF SPINE	Y	-	1/1/2026	Fee Schedule	$872.87
22510	PERQ CERVICOTHORACIC INJECT	Y	-	1/1/2026	Fee Schedule	$1,644.87
22511	PERQ LUMBOSACRAL INJECTION	Y	-	1/1/2026	Fee Schedule	$1,644.87
22512	VERTEBROPLASTY ADDL INJECT	-	-	7/1/2018	No Separate Payment	$0.00
22513	PERQ VERTEBRAL AUGMENTATION	Y	-	1/1/2026	Fee Schedule	$3,695.53
22514	PERQ VERTEBRAL AUGMENTATION	Y	-	1/1/2026	Fee Schedule	$3,695.53
22515	PERQ VERTEBRAL AUGMENTATION	-	-	7/1/2018	No Separate Payment	$0.00
22526	IDET SINGLE LEVEL	-	-	7/1/2018	Not Allowed	$0.00
22527	IDET 1 OR MORE LEVELS	-	-	7/1/2018	Not Allowed	$0.00
22532	ARTHRD LAT XTRCVTRY TQ THRC	Y	-	1/1/2026	Fee Schedule	$6,804.43
22533	ARTHRD LAT XTRCVTRY TQ LMBR	Y	-	1/1/2026	Fee Schedule	$9,255.83
22534	ARTHRD LAT XTRCVTRY TQ EA AD	-	-	1/1/2026	No Separate Payment	$0.00
22548	ARTHRD ANT TORAL/XORAL C1-C2	Y	-	1/1/2026	Fee Schedule	$9,493.97
22551	ARTHRD ANT NTRBDY CERVICAL	Y	-	1/1/2026	Fee Schedule	$9,030.96
22552	ARTHRD ANT NTRBD CERVICAL EA	-	-	7/1/2018	No Separate Payment	$0.00
22554	ARTHRD ANT NTRBD MIN DSC CRV	Y	-	1/1/2026	Fee Schedule	$8,941.29
22556	ARTHRD ANT NTRBD MIN DSC THC	Y	-	1/1/2026	Fee Schedule	$13,348.02
22558	ARTHRD ANT NTRBD MIN DSC LUM	Y	-	1/1/2026	Fee Schedule	$20,101.23
22585	ARTHRD ANT NTRBD MIN DSC EA	-	-	7/1/2018	No Separate Payment	$0.00
22586	ARTHRD PRE-SAC NTRBDY L5-S1	Y	-	1/1/2026	Fee Schedule	$13,933.19
22590	ARTHRD PST TQ CRANIOCERVICAL	Y	-	1/1/2026	Fee Schedule	$8,717.99
22595	ARTHRD PST TQ ATLAS-AXIS	Y	-	1/1/2026	Fee Schedule	$6,804.43
22600	ARTHRD PST TQ 1NTRSPC CRV	Y	-	1/1/2026	Fee Schedule	$13,103.27
22610	ARTHRD PST TQ 1NTRSPC THRC	Y	-	1/1/2026	Fee Schedule	$13,131.97
22612	ARTHRD PST TQ 1NTRSPC LUMBAR	Y	-	1/1/2026	Fee Schedule	$13,491.52
22614	ARTHRD PST TQ 1NTRSPC EA ADD	-	-	7/1/2018	No Separate Payment	$0.00
22630	ARTHRD PST TQ 1NTRSPC LUM	Y	-	1/1/2026	Fee Schedule	$20,858.55
22632	ARTHRD PST TQ 1NTRSPC LM EA	-	-	1/1/2026	No Separate Payment	$0.00
22633	ARTHRD CMBN 1NTRSPC LUMBAR	Y	-	1/1/2026	Fee Schedule	$20,841.42
22800	ARTHRD PST DFRM<6 VRT SGM	Y	-	1/1/2026	Fee Schedule	$13,488.33
22802	ARTHRD PST DFRM 7-12 VRT SGM	Y	-	1/1/2026	Fee Schedule	$13,933.19
22804	ARTHRD PST DFRM 13+ VRT SGM	Y	-	1/1/2026	Fee Schedule	$13,933.19
22808	ARTHRD ANT DFRM 2-3 VRT SGM	Y	-	1/1/2026	Fee Schedule	$13,717.93
22810	ARTHRD ANT DFRM 4-7 VRT SGM	Y	-	1/1/2026	Fee Schedule	$13,933.19
22812	ARTHRD ANT DFRM 8+ VRT SGM	Y	-	1/1/2026	Fee Schedule	$13,933.19
22818	KYPHECTOMY 1-2 SEGMENTS	Y	-	1/1/2026	Fee Schedule	$9,255.83
22819	KYPHECTOMY 3 OR MORE	Y	-	1/1/2026	Fee Schedule	$9,255.83
22830	EXPLORATION OF SPINAL FUSION	Y	-	1/1/2026	Fee Schedule	$5,013.96
22836	ANT THRC VRT BODY TETHRG <7	Y	-	1/1/2026	Fee Schedule	$13,933.19
22837	ANT THRC VRT BODY TETHRG 8+	Y	-	1/1/2026	Fee Schedule	$13,933.19
22838	REV RPLC/RMV THRC VRT TETHRG	Y	-	1/1/2026	Fee Schedule	$13,933.19
22840	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	$0.00
22841	INSERT SPINE FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	$0.00
22842	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	$0.00

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22843	INSERT SPINE FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	$0.00
22844	INSERT SPINE FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	$0.00
22845	INSERT SPINE FIXATION DEVICE	-	-	7/1/2018	No Separate Payment	$0.00
22846	INSERT SPINE FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	$0.00
22847	INSERT SPINE FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	$0.00
22848	INSERT PELV FIXATION DEVICE	-	-	1/1/2026	No Separate Payment	$0.00
22849	REINSERT SPINAL FIXATION	Y	-	1/1/2026	Fee Schedule	$9,215.58
22850	REMOVE SPINE FIXATION DEVICE	Y	-	1/1/2026	Fee Schedule	$3,695.53
22852	REMOVE SPINE FIXATION DEVICE	Y	-	1/1/2026	Fee Schedule	$3,695.53
22853	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	$0.00
22854	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	$0.00
22855	REMOVAL ANTERIOR INSTRMJ	Y	-	1/1/2026	Fee Schedule	$3,695.53
22856	TOT DISC ARTHRP 1NTRSPC CRV	Y	-	1/1/2026	Fee Schedule	$13,098.48
22857	TOT DISC ARTHRP 1NTRSPC LMBR	Y	-	1/1/2026	Fee Schedule	$12,699.87
22858	TOT DISC ARTHRP 2ND LVL CRV	-	-	7/1/2018	No Separate Payment	$0.00
22859	INSJ BIOMECHANICAL DEVICE	-	-	7/1/2018	No Separate Payment	$0.00
22860	TOT DISC ARTHRP 2NTRSPC LMBR	-	-	1/1/2026	No Separate Payment	$0.00
22861	REV RPLCM ARTHRP 1NTRSPC CRV	Y	-	1/1/2026	Fee Schedule	$11,692.17
22862	REV RPLCM RTHRP 1NTRSPC LMBR	Y	-	1/1/2026	Fee Schedule	$13,933.19
22864	RMVL TOT ARTHRP 1NTRSPC CRV	Y	-	1/1/2026	Fee Schedule	$3,695.53
22865	RMVL TOT ARTHRP 1NTRSPC LMBR	Y	-	1/1/2026	Fee Schedule	$3,695.53
22867	INSJ STABLJ DEV W/DCMPRN	Y	-	1/1/2026	Fee Schedule	$13,800.05
22868	INSJ STABLJ DEV W/DCMPRN	-	-	7/1/2018	No Separate Payment	$0.00
22869	INSJ STABLJ DEV W/O DCMPRN	Y	-	1/1/2026	Fee Schedule	$11,179.54
22870	INSJ STABLJ DEV W/O DCMPRN	-	-	7/1/2018	No Separate Payment	$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
22901	EXC ABDL TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
22902	EXC ABD LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	$742.04
22903	EXC ABD LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
22904	RADICAL RESECT ABD TUMOR<5CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
22905	RAD RESECT ABD TUMOR 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
23000	RMVL SBDLTD CLCREOUS DEP OPN	Y	-	1/1/2026	Fee Schedule	$1,248.36
23020	CAPSULAR CONTRACTURE RELEASE	Y	-	1/1/2026	Fee Schedule	$1,644.87
23030	I&D SHOULDER DEEP ABSC/HMTMA	Y	-	1/1/2026	Fee Schedule	$1,248.36
23031	I&D SHOULDER INFECTED BURSA	Y	-	1/1/2026	Fee Schedule	$1,248.36
23035	INCISION BONE CORTEX SHO	Y	-	1/1/2026	Fee Schedule	$872.87
23040	ARTHRT GH JT EXPL/DRG/RMV FB	Y	-	1/1/2026	Fee Schedule	$1,644.87
23044	ARTHRT AC SC JT EXP/RMVL FB	Y	-	1/1/2026	Fee Schedule	$1,644.87
23065	BIOPSY SHOULDER TISSUES	Y	-	1/1/2026	Fee Schedule	$145.68
23066	BIOPSY SHOULDER TISSUES	Y	-	1/1/2026	Fee Schedule	$1,248.36
23071	EXC SHOULDER LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	$742.04
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
23075	EXC SHOULDER LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	$742.04
23076	EXC SHOULDER TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
23077	RAD RESCJ TUM SHOULDER<5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
23078	RAD RESCJ TUM SHOULDER 5CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
23100	ARTHROTOMY GLENHUMRL JT W/BX	Y	-	1/1/2026	Fee Schedule	$1,644.87
23101	ARTHRT ACRMCLV/STRNCLAV JT	Y	-	1/1/2026	Fee Schedule	$1,644.87
23105	ARTHROTOMY GLENOHUMERAL JT	Y	-	1/1/2026	Fee Schedule	$3,695.53
23106	ARTHROTOMY STRNCLAV JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
23107	ARTHRT GLENHUMRL JT W/EXPL	Y	-	1/1/2026	Fee Schedule	$3,695.53
23120	CLAVICULECTOMY PARTIAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
23125	CLAVICULECTOMY TOTAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
23130	ACROMP/ACROMIONECTOMY PRTL	Y	-	1/1/2026	Fee Schedule	$1,644.87

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23140	REMOVAL OF BONE LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
23145	REMOVAL OF BONE LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
23146	REMOVAL OF BONE LESION	Y	-	1/1/2026	Fee Schedule	$3,695.53
23150	REMOVAL OF HUMERUS LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
23155	REMOVAL OF HUMERUS LESION	Y	-	1/1/2026	Fee Schedule	$3,695.53
23156	REMOVAL OF HUMERUS LESION	Y	-	1/1/2026	Fee Schedule	$3,695.53
23170	SEQUESTRECTOMY CLAVICLE	Y	-	1/1/2026	Fee Schedule	$2,310.74
23172	SEQUESTRECTOMY SCAPULA	Y	-	1/1/2026	Fee Schedule	$2,171.33
23174	SQSTRCTMY HUMRL HEAD SRG NCK	Y	-	1/1/2026	Fee Schedule	$3,695.53
23180	PRTL EXCISION BONE CLAVICLE	Y	-	1/1/2026	Fee Schedule	$3,695.53
23182	PRTL EXCISION BONE SCAPULA	Y	-	1/1/2026	Fee Schedule	$3,695.53
23184	PRTL EXCISION BONE PROX HUM	Y	-	1/1/2026	Fee Schedule	$3,695.53
23190	OSTECTOMY SCAPULA PARTIAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
23195	RESECTION HUMERAL HEAD	Y	-	1/1/2026	Fee Schedule	$4,682.29
23200	RADICAL RESCJ TUMOR CLAVICLE	Y	-	1/1/2026	Fee Schedule	$3,695.53
23210	RADICAL RESCJ TUMOR SCAPULA	Y	-	1/1/2026	Fee Schedule	$3,695.53
23220	RADICAL RESCJ TUMOR PROX HUM	Y	-	1/1/2026	Fee Schedule	$3,695.53
23330	REMOVE SHOULDER FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$742.04
23333	REMOVE SHOULDER FB DEEP	Y	-	1/1/2026	Fee Schedule	$1,248.36
23334	SHOULDER PROSTHESIS REMOVAL	Y	-	1/1/2026	Fee Schedule	$3,695.53
23335	SHOULDER PROSTHESIS REMOVAL	Y	-	1/1/2026	Fee Schedule	$4,996.77
23350	INJECTION FOR SHOULDER X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y	-	1/1/2026	Fee Schedule	$3,695.53
23397	MUSCLE TRANSFERS	Y	-	1/1/2026	Fee Schedule	$3,695.53
23400	FIXATION OF SHOULDER BLADE	Y	-	1/1/2026	Fee Schedule	$3,695.53
23405	INCISION OF TENDON & MUSCLE	Y	-	1/1/2026	Fee Schedule	$3,695.53
23406	INCISE TENDON(S) & MUSCLE(S)	Y	-	1/1/2026	Fee Schedule	$3,695.53
23410	REPAIR ROTATOR CUFF ACUTE	Y	-	1/1/2026	Fee Schedule	$3,695.53
23412	REPAIR ROTATOR CUFF CHRONIC	Y	-	1/1/2026	Fee Schedule	$3,695.53
23415	RELEASE OF SHOULDER LIGAMENT	Y	-	1/1/2026	Fee Schedule	$3,695.53
23420	REPAIR OF SHOULDER	Y	-	1/1/2026	Fee Schedule	$4,698.20
23430	REPAIR BICEPS TENDON	Y	-	1/1/2026	Fee Schedule	$4,676.55
23440	REMOVE/TRANSPLANT TENDON	Y	-	1/1/2026	Fee Schedule	$5,464.37
23450	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	$4,682.29
23455	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	$4,682.29
23460	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	$5,339.27
23462	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	$3,695.53
23465	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	$3,695.53
23466	REPAIR SHOULDER CAPSULE	Y	-	1/1/2026	Fee Schedule	$3,695.53
23470	RECONSTRUCT SHOULDER JOINT	Y	-	1/1/2026	Fee Schedule	$9,694.41
23472	RECONSTRUCT SHOULDER JOINT	Y	-	1/1/2026	Fee Schedule	$13,911.66
23473	REVIS RECONST SHOULDER JOINT	Y	-	1/1/2026	Fee Schedule	$9,390.23
23474	REVIS RECONST SHOULDER JOINT	Y	-	1/1/2026	Fee Schedule	$9,995.66
23480	REVISION OF COLLAR BONE	Y	-	1/1/2026	Fee Schedule	$3,695.53
23485	REVISION OF COLLAR BONE	Y	-	1/1/2026	Fee Schedule	$9,004.59
23490	REINFORCE CLAVICLE	Y	-	1/1/2026	Fee Schedule	$3,695.53
23491	REINFORCE SHOULDER BONES	Y	-	1/1/2026	Fee Schedule	$9,085.46
23500	CLTX CLAVICULAR FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
23505	CLTX CLAVICULAR FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
23515	OPTX CLAVICULAR FX W/INT FIX	Y	-	1/1/2026	Fee Schedule	$4,818.52
23520	CLTX STRNCLAV DISLC W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
23525	CLTX STRNCLAV DISLC W/MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
23530	OPTX STRNCLAV DISLC AQT/CHRN	Y	-	1/1/2026	Fee Schedule	$4,682.29
23532	OPTX STRCLV DSLC AQ/CHRN GRF	Y	-	1/1/2026	Fee Schedule	$3,695.53

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23540	CLTX ACROMCLAV DISLC WO MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
23545	CLTX ACROMCLAV DISLC W/MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
23550	OPTX ACROMCLV DISLC AQT/CHRN	Y	-	1/1/2026	Fee Schedule	$4,903.83
23552	OPTX ACRCLV DSLC AQ/CHRN GRF	Y	-	1/1/2026	Fee Schedule	$4,669.23
23570	CLTX SCAPULAR FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
23575	CLTX SCAP FX W/MNPJ +-TRACTJ	Y	-	1/1/2026	Fee Schedule	$872.87
23585	OPTX SCAPULAR FX W/INT FIXJ	Y	-	1/1/2026	Fee Schedule	$4,935.34
23600	CLTX PROX HUMRL FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
23605	CLTX PRX HMRL FX MNPJ+-TRACT	Y	-	1/1/2026	Fee Schedule	$872.87
23615	OPTX PROX HUMRL FX W/INT FIX	Y	-	1/1/2026	Fee Schedule	$9,193.89
23616	OPTX PRX HMRL FX FIX RPR RPL	Y	-	1/1/2026	Fee Schedule	$13,437.31
23620	CLTX GR HMRL TBRS FX WO MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
23625	CLTX GR HMRL TBRS FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
23630	OPTX GR HMRL TBRS FX INT FIX	Y	-	1/1/2026	Fee Schedule	$4,730.99
23650	CLTX SHO DSLC W/MNPJ WO ANES	Y	-	1/1/2026	Fee Schedule	$135.54
23655	CLTX SHO DSLC W/MNPJ W/ANES	Y	-	1/1/2026	Fee Schedule	$872.87
23660	OPTX ACUTE SHOULDER DISLC	Y	-	1/1/2026	Fee Schedule	$3,695.53
23665	CLTX SHO DSLC FX GR HMRL TBR	Y	-	1/1/2026	Fee Schedule	$872.87
23670	OPTX SHO DISLC FX	Y	-	1/1/2026	Fee Schedule	$3,695.53
23675	CLTX SHO DISLC NECK FX MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
23680	OPTX SHO DISLC NECK FX FIXJ	Y	-	1/1/2026	Fee Schedule	$9,076.09
23700	MNPJ ANES SHO JT FIXJ APRATS	Y	-	1/1/2026	Fee Schedule	$872.87
23800	ARTHRODESIS GLENOHUMERAL JT	Y	-	1/1/2026	Fee Schedule	$3,695.53
23802	ARTHRD GLENOHUMERAL JT W/GRF	Y	-	1/1/2026	Fee Schedule	$6,804.43
23900	INTERTHORACOSCPLR AMPUTATION	Y	-	1/1/2026	Fee Schedule	$6,804.43
23920	DISARTICULATION SHOULDER	Y	-	1/1/2026	Fee Schedule	$6,804.43
23921	DISARTICULATION SHO SEC CLSR	Y	-	1/1/2026	Fee Schedule	$1,128.57
23930	I&D UPR A/E DP ABSC/HMTMA	Y	-	1/1/2026	Fee Schedule	$1,248.36
23931	I&D UPR A/E BURSA	Y	-	1/1/2026	Fee Schedule	$742.04
23935	INC DP OPN B1 CRTX HUM/ELBW	Y	-	1/1/2026	Fee Schedule	$1,644.87
24000	ARTHRT ELBW EXPL DRG/RMVL FB	Y	-	1/1/2026	Fee Schedule	$1,644.87
24006	ARTHRT ELBW CAPSL EXC RLS	Y	-	1/1/2026	Fee Schedule	$1,644.87
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	1/1/2026	Fee Schedule	$184.29
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y	-	1/1/2026	Fee Schedule	$1,248.36
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
24075	EXC ARM/ELBOW LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	$742.04
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
24077	RAD RESCJ TUM TISS A/E <5CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
24079	RAD RESCJ TUM TISS A/E 5 CM+	Y	-	1/1/2026	Fee Schedule	$1,248.36
24100	ARTHRT ELBW SYNOVIAL BX ONLY	Y	-	1/1/2026	Fee Schedule	$1,644.87
24101	ARTHRT ELBW JT EXPL BX RMVL	Y	-	1/1/2026	Fee Schedule	$1,644.87
24102	ARTHRT ELBOW W/SYNOVECTOMY	Y	-	1/1/2026	Fee Schedule	$1,644.87
24105	EXCISION OLECRANON BURSA	Y	-	1/1/2026	Fee Schedule	$1,644.87
24110	EXC/CURTG B1 CST/B9 TUM HUM	Y	-	1/1/2026	Fee Schedule	$1,644.87
24115	EXC/CRTG B1 CST/TUM HUM AGRF	Y	-	1/1/2026	Fee Schedule	$3,695.53
24116	EXC/CRTG B1 CST/TUM HUM ALGR	Y	-	1/1/2026	Fee Schedule	$4,682.29
24120	EXC/CRTG B1 CST/B9 TUM RDS	Y	-	1/1/2026	Fee Schedule	$1,644.87
24125	EXC/CRTG B1 CST/TUM RDS AGRF	Y	-	1/1/2026	Fee Schedule	$1,644.87
24126	EXC/CRTG B1 CST/TUM RDS ALGR	Y	-	1/1/2026	Fee Schedule	$3,695.53
24130	EXCISION RADIAL HEAD	Y	-	1/1/2026	Fee Schedule	$1,644.87
24134	SEQUESTRECTOMY SHFT/DSTL HUM	Y	-	1/1/2026	Fee Schedule	$3,695.53
24136	SEQUESTRECTOMY RADIAL H/N	Y	-	1/1/2026	Fee Schedule	$1,644.87
24138	SEQUESTRECTOMY OLECRN PROCES	Y	-	1/1/2026	Fee Schedule	$3,695.53

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24140	PARTIAL EXC BONE HUMERUS	Y	-	1/1/2026	Fee Schedule	$1,644.87
24145	PRTL EXC BONE RADIAL H/N	Y	-	1/1/2026	Fee Schedule	$3,695.53
24147	PRTL EXC BONE OLECRN PROCESS	Y	-	1/1/2026	Fee Schedule	$1,644.87
24149	RADICAL RESECTION OF ELBOW	Y	-	1/1/2026	Fee Schedule	$3,695.53
24150	RAD RESCJ TUM DSTL/SHFT HUM	Y	-	1/1/2026	Fee Schedule	$3,695.53
24152	RAD RESECTION TUM RADIAL H/N	Y	-	1/1/2026	Fee Schedule	$4,948.07
24155	RESECTION OF ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	$2,084.06
24160	RMVL PROSTHHUMRL&ULNAR CMPNT	-	-	1/1/2026	Fee Schedule	$1,644.87
24164	REMOVAL PROSTH RADIAL HEAD	-	-	1/1/2026	Fee Schedule	$1,644.87
24200	RMVL FB UPPER ARM/ELBW SUBQ	Y	-	1/1/2026	Fee Schedule	$173.21
24201	RMVL FB UPPER ARM/ELBW DEEP	Y	-	1/1/2026	Fee Schedule	$1,248.36
24220	INJECTION PX FOR ELBOW ARTHG	-	-	7/1/2018	No Separate Payment	$0.00
24300	MNPJ ELBOW UNDER ANES	Y	-	1/1/2026	Fee Schedule	$872.87
24301	MUSC/TDN TRANSFER UPR A/E 1	Y	-	1/1/2026	Fee Schedule	$3,695.53
24305	TENDON LNGTH UPR A/E EA TDN	Y	-	1/1/2026	Fee Schedule	$1,644.87
24310	TNOT OPN ELBW TO SHO EA TDN	Y	-	1/1/2026	Fee Schedule	$1,644.87
24320	TENOPLASTY ELBOW TO SHO 1	Y	-	1/1/2026	Fee Schedule	$3,695.53
24330	FLEXOR-PLASTY ELBOW	Y	-	1/1/2026	Fee Schedule	$3,695.53
24331	FLEXOR-PLASTY ELBW W/ADVMNT	Y	-	1/1/2026	Fee Schedule	$4,682.29
24332	TENOLYSIS TRICEPS	Y	-	1/1/2026	Fee Schedule	$1,644.87
24340	TENODESIS BICEPS TDN AT ELBW	Y	-	1/1/2026	Fee Schedule	$3,695.53
24341	RPR TDN/MUSC UPR A/E EACH	Y	-	1/1/2026	Fee Schedule	$3,695.53
24342	REPAIR OF RUPTURED TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
24343	REPR ELBOW LAT LIGMNT W/TISS	Y	-	1/1/2026	Fee Schedule	$1,644.87
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y	-	1/1/2026	Fee Schedule	$4,868.49
24345	REPR ELBW MED LIGMNT W/TISSU	Y	-	1/1/2026	Fee Schedule	$3,695.53
24346	RECONSTRUCT ELBOW MED LIGMNT	Y	-	1/1/2026	Fee Schedule	$6,804.43
24357	REPAIR ELBOW PERC	Y	-	1/1/2026	Fee Schedule	$1,644.87
24358	REPAIR ELBOW W/DEB OPEN	Y	-	1/1/2026	Fee Schedule	$1,644.87
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y	-	1/1/2026	Fee Schedule	$1,644.87
24360	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	$5,207.17
24361	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	$14,723.24
24362	RECONSTRUCT ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	$9,667.45
24363	REPLACE ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	$13,753.01
24365	RECONSTRUCT HEAD OF RADIUS	Y	-	1/1/2026	Fee Schedule	$10,016.17
24366	RECONSTRUCT HEAD OF RADIUS	Y	-	1/1/2026	Fee Schedule	$9,945.25
24370	REVISE RECONST ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	$8,621.29
24371	REVISE RECONST ELBOW JOINT	Y	-	1/1/2026	Fee Schedule	$12,023.02
24400	OSTEOT HUMERUS W/WO INT FIXJ	Y	-	1/1/2026	Fee Schedule	$3,695.53
24410	MLT OSTEOT RLGNM IMED RD HUM	Y	-	1/1/2026	Fee Schedule	$6,804.43
24420	OSTEOPLASTY HUMERUS	Y	-	1/1/2026	Fee Schedule	$3,695.53
24430	RPR NON/MAL HUMERUS WO GRAFT	Y	-	1/1/2026	Fee Schedule	$8,966.49
24435	RPR NON/MAL HUM WITH AGRFT	Y	-	1/1/2026	Fee Schedule	$9,054.40
24470	HEMIEPIPHYSEAL ARREST	Y	-	1/1/2026	Fee Schedule	$1,644.87
24495	DECOMPRESSION FASCT FOREARM	Y	-	1/1/2026	Fee Schedule	$3,695.53
24498	PROPH TX W/WO MTHYLMTHCRYLT	Y	-	1/1/2026	Fee Schedule	$8,923.12
24500	CLTX HUMRL SHFT FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
24505	CLTX HUMRL SHFT FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
24515	OPTX HUMRL SHFT FX PLATE/SCR	Y	-	1/1/2026	Fee Schedule	$8,818.21
24516	TX HUMRL SHAFT FX IMED IMPLT	Y	-	1/1/2026	Fee Schedule	$8,962.97
24530	CLTX SPRCNDYLR HUMERAL FX WO	Y	-	1/1/2026	Fee Schedule	$135.54
24535	CLTX SPRCNDYLR HUMERAL FX W/	Y	-	1/1/2026	Fee Schedule	$872.87
24538	PRQ SKEL FIX SPRCNDLR HUM FX	Y	-	1/1/2026	Fee Schedule	$3,695.53
24545	OPTX HUM FX WO NTRCNDYLR XTN	Y	-	1/1/2026	Fee Schedule	$9,131.77

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24546	OPTX HUM FX W/NTRCNDYLR XTN	Y	-	1/1/2026	Fee Schedule	$9,148.76
24560	CLTX HUM EPCNDYLR FX WO MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
24565	CLTX HUM EPCNDYLR FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
24566	PRQ SKEL FIX EPCNDYLR HUM FX	Y	-	1/1/2026	Fee Schedule	$872.87
24575	OPTX HUMERAL EPCNDYLR FX	Y	-	1/1/2026	Fee Schedule	$8,621.29
24576	CLTX HUMRL CNDYLR FX WO MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
24577	CLTX HUMRL CNDYLR FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
24579	OPTX HUMRL CNDYLR FRACTURE	Y	-	1/1/2026	Fee Schedule	$8,821.14
24582	PRQ SKEL FIX HUMRL CNDYLR FX	Y	-	1/1/2026	Fee Schedule	$4,717.30
24586	OPTX PARTCLR FX&/DISLC ELBOW	Y	-	1/1/2026	Fee Schedule	$9,087.81
24587	OPTX PARTCLR FX&/DSLC ELBW W	Y	-	1/1/2026	Fee Schedule	$9,558.44
24600	TX CLSD ELBOW DISLC W/O ANES	Y	-	1/1/2026	Fee Schedule	$135.54
24605	TX CLSD ELBOW DISLC REQ ANES	Y	-	1/1/2026	Fee Schedule	$872.87
24615	OPTX AQT/CHRNC ELBOW DISLC	Y	-	1/1/2026	Fee Schedule	$5,397.52
24620	CLTX MONTEGGIA FX DISLC ELBW	Y	-	1/1/2026	Fee Schedule	$872.87
24635	OPTX MONTEGGIA FX DISLC ELBW	Y	-	1/1/2026	Fee Schedule	$4,869.13
24640	CLTX RDL HEAD SUBLXTJ NRSEMD	Y	-	1/1/2026	Fee Schedule	$61.76
24650	CLTX RDL HEAD/NCK FX WO MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
24655	CLTX RDL HEAD/NCK FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
24665	OPTX RADIAL HEAD/NECK FX	Y	-	1/1/2026	Fee Schedule	$3,695.53
24666	OPTX RADIAL HEAD/NCK FX RPLC	Y	-	1/1/2026	Fee Schedule	$9,673.31
24670	CLTX ULNAR FX PROX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
24675	CLTX ULNAR FX PROX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
24685	OPTX ULNAR FX PROX END W/FIX	Y	-	1/1/2026	Fee Schedule	$4,719.21
24800	ARTHRODESIS ELBW JOINT LOCAL	Y	-	1/1/2026	Fee Schedule	$3,695.53
24802	ARTHRD ELBOW JT AUTOG GRAFT	Y	-	1/1/2026	Fee Schedule	$6,804.43
24900	AMPUTATION OF UPPER ARM	Y	-	1/1/2026	Fee Schedule	$6,804.43
24920	AMPUTATION OF UPPER ARM	Y	-	1/1/2026	Fee Schedule	$6,804.43
24925	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
24930	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$3,695.53
24931	AMPUTATE UPPER ARM & IMPLANT	Y	-	1/1/2026	Fee Schedule	$9,493.97
24935	REVISION OF AMPUTATION	Y	-	1/1/2026	Fee Schedule	$3,695.53
24940	REVISION OF UPPER ARM	Y	-	1/1/2026	Fee Schedule	$9,493.97
25000	INCISION OF TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	$872.87
25001	INCISE FLEXOR CARPI RADIALIS	Y	-	1/1/2026	Fee Schedule	$1,644.87
25020	DECOMPRESS FOREARM 1 SPACE	Y	-	1/1/2026	Fee Schedule	$872.87
25023	DECOMPRESS FOREARM 1 SPACE	Y	-	1/1/2026	Fee Schedule	$1,644.87
25024	DECOMPRESS FOREARM 2 SPACES	Y	-	1/1/2026	Fee Schedule	$1,644.87
25025	DECOMPRESS FOREARM 2 SPACES	Y	-	1/1/2026	Fee Schedule	$872.87
25028	I&D F/ARM&/WRST DP ABSC/HMTM	Y	-	1/1/2026	Fee Schedule	$1,644.87
25031	I&D FOREARM&/WRIST BURSA	Y	-	1/1/2026	Fee Schedule	$872.87
25035	INC DP BONE CRTX F/ARM&/WRST	Y	-	1/1/2026	Fee Schedule	$3,695.53
25040	ARTHRT RDCRPL/MIDCARPL JT	Y	-	1/1/2026	Fee Schedule	$1,644.87
25065	BIOPSY FOREARM SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	$186.97
25066	BIOPSY FOREARM SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	$1,248.36
25071	EXC FOREARM LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	$742.04
25073	EXC FOREARM TUM DEEP 3 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
25075	EXC FOREARM LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	$742.04
25076	EXC FOREARM TUM DEEP < 3 CM	Y	-	1/1/2026	Fee Schedule	$742.04
25077	RESECT FOREARM/WRIST TUM<3CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
25078	RESECT FORARM/WRIST TUM 3CM>	Y	-	1/1/2026	Fee Schedule	$1,248.36
25085	INCISION OF WRIST CAPSULE	Y	-	1/1/2026	Fee Schedule	$1,644.87
25100	BIOPSY OF WRIST JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
25101	EXPLORE/TREAT WRIST JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87

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25105	REMOVE WRIST JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
25107	REMOVE WRIST JOINT CARTILAGE	Y	-	1/1/2026	Fee Schedule	$1,644.87
25109	EXCISE TENDON FOREARM/WRIST	Y	-	1/1/2026	Fee Schedule	$1,644.87
25110	REMOVE WRIST TENDON LESION	Y	-	1/1/2026	Fee Schedule	$872.87
25111	REMOVE WRIST TENDON LESION	Y	-	1/1/2026	Fee Schedule	$872.87
25112	REREMOVE WRIST TENDON LESION	Y	-	1/1/2026	Fee Schedule	$872.87
25115	REMOVE WRIST/FOREARM LESION	Y	-	1/1/2026	Fee Schedule	$872.87
25116	REMOVE WRIST/FOREARM LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
25118	EXCISE WRIST TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	$872.87
25119	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2026	Fee Schedule	$1,644.87
25120	REMOVAL OF FOREARM LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
25125	REMOVE/GRAFT FOREARM LESION	Y	-	1/1/2026	Fee Schedule	$872.87
25126	REMOVE/GRAFT FOREARM LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
25130	REMOVAL OF WRIST LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
25135	REMOVE & GRAFT WRIST LESION	Y	-	1/1/2026	Fee Schedule	$3,695.53
25136	REMOVE & GRAFT WRIST LESION	Y	-	1/1/2026	Fee Schedule	$3,695.53
25145	REMOVE FOREARM BONE LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
25150	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2026	Fee Schedule	$1,644.87
25151	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2026	Fee Schedule	$1,644.87
25170	RESECT RADIUS/ULNAR TUMOR	Y	-	1/1/2026	Fee Schedule	$3,695.53
25210	REMOVAL OF WRIST BONE	Y	-	1/1/2026	Fee Schedule	$1,644.87
25215	REMOVAL OF WRIST BONES	Y	-	1/1/2026	Fee Schedule	$1,644.87
25230	PARTIAL REMOVAL OF RADIUS	Y	-	1/1/2026	Fee Schedule	$1,644.87
25240	PARTIAL REMOVAL OF ULNA	Y	-	1/1/2026	Fee Schedule	$1,644.87
25246	INJECTION FOR WRIST X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$872.87
25250	REMOVAL OF WRIST PROSTHESIS	-	-	1/1/2026	Fee Schedule	$872.87
25251	REMOVAL OF WRIST PROSTHESIS	-	-	1/1/2026	Fee Schedule	$1,644.87
25259	MANIPULATE WRIST W/ANESTHES	Y	-	1/1/2026	Fee Schedule	$872.87
25260	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	$1,644.87
25263	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	$3,695.53
25265	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	$1,644.87
25270	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	$1,644.87
25272	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	$1,644.87
25274	REPAIR FOREARM TENDON/MUSCLE	Y	-	1/1/2026	Fee Schedule	$1,644.87
25275	REPAIR FOREARM TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	$1,644.87
25280	REVISE WRIST/FOREARM TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
25290	INCISE WRIST/FOREARM TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
25295	RELEASE WRIST/FOREARM TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
25300	FUSION OF TENDONS AT WRIST	Y	-	1/1/2026	Fee Schedule	$1,644.87
25301	FUSION OF TENDONS AT WRIST	Y	-	1/1/2026	Fee Schedule	$1,644.87
25310	TRANSPLANT FOREARM TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
25312	TRANSPLANT FOREARM TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
25315	REVISE PALSY HAND TENDON(S)	Y	-	1/1/2026	Fee Schedule	$3,695.53
25316	REVISE PALSY HAND TENDON(S)	Y	-	1/1/2026	Fee Schedule	$3,695.53
25320	REPAIR/REVISE WRIST JOINT	Y	-	1/1/2026	Fee Schedule	$3,695.53
25332	REVISE WRIST JOINT	Y	-	1/1/2026	Fee Schedule	$2,101.35
25335	CENTRALIZATION WRIST ON ULNA	Y	-	1/1/2026	Fee Schedule	$1,644.87
25337	RECONSTRUCT ULNA/RADIOULNAR	Y	-	1/1/2026	Fee Schedule	$3,695.53
25350	REVISION OF RADIUS	Y	-	1/1/2026	Fee Schedule	$4,756.45
25355	REVISION OF RADIUS	Y	-	1/1/2026	Fee Schedule	$1,644.87
25360	REVISION OF ULNA	Y	-	1/1/2026	Fee Schedule	$5,074.44
25365	REVISE RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	$6,804.43
25370	REVISE RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	$1,644.87

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25375	REVISE RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	$1,644.87
25390	SHORTEN RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	$4,769.82
25391	LENGTHEN RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	$9,709.64
25392	SHORTEN RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	$3,695.53
25393	LENGTHEN RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	$4,727.17
25394	REPAIR CARPAL BONE SHORTEN	Y	-	1/1/2026	Fee Schedule	$1,644.87
25400	REPAIR RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	$4,900.96
25405	REPAIR/GRAFT RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	$4,893.00
25415	REPAIR RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	$4,925.79
25420	REPAIR/GRAFT RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	$5,129.51
25425	REPAIR/GRAFT RADIUS OR ULNA	Y	-	1/1/2026	Fee Schedule	$5,860.34
25426	REPAIR/GRAFT RADIUS & ULNA	Y	-	1/1/2026	Fee Schedule	$2,169.21
25430	VASC GRAFT INTO CARPAL BONE	Y	-	1/1/2026	Fee Schedule	$1,644.87
25431	REPAIR NONUNION CARPAL BONE	Y	-	1/1/2026	Fee Schedule	$5,390.52
25440	REPAIR NONU SCPHD CARPL B1	Y	-	1/1/2026	Fee Schedule	$3,695.53
25441	ARTHRP W/PROSTC DSTL RDS	Y	-	1/1/2026	Fee Schedule	$11,157.28
25442	ARTHRP W/PROSTC DSTL ULNA	Y	-	1/1/2026	Fee Schedule	$14,178.74
25443	ARTHRP PROSTC DSTL SCPH CRPL	Y	-	1/1/2026	Fee Schedule	$5,312.85
25444	ARTHRP W/PROSTC LUNATE	Y	-	1/1/2026	Fee Schedule	$11,037.13
25445	ARTHRP W/PROSTC TRAPEZIUM	Y	-	1/1/2026	Fee Schedule	$5,097.36
25446	ARTHRP W/PROSTC DST RDS&CRPS	Y	-	1/1/2026	Fee Schedule	$14,530.31
25447	ARTHRP NTRCRP/CRP/MTCR NTRPS	Y	-	1/1/2026	Fee Schedule	$1,644.87
25448	ARTHRP NTRCRPL/CRP/MTCRP SSP	Y	-	1/1/2026	Fee Schedule	$1,644.87
25449	REVJ ARTHRP WRIST JOINT	Y	-	1/1/2026	Fee Schedule	$3,695.53
25450	EPIPHYSL ARRST DSTL RDS/ULNA	Y	-	1/1/2026	Fee Schedule	$1,644.87
25455	EPIPHYSL ARRST DSTL RDS&ULNA	Y	-	1/1/2026	Fee Schedule	$1,644.87
25490	PROPHYLACTIC TX RADIUS	Y	-	1/1/2026	Fee Schedule	$3,695.53
25491	PROPHYLACTIC TX ULNA	Y	-	1/1/2026	Fee Schedule	$8,621.29
25492	PROPHYLACTIC TX RADIUS&ULNA	Y	-	1/1/2026	Fee Schedule	$1,644.87
25500	CLTX RDL SHFT FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
25505	CLTX RDL SHFT FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
25515	OPTX RADIAL SHAFT FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,654.59
25520	CLTX RDL SHFT FX&DISLC	Y	-	1/1/2026	Fee Schedule	$872.87
25525	OPTX RDL SHFT FX&CLTX RAD/UL	Y	-	1/1/2026	Fee Schedule	$4,941.39
25526	OPTX RDL SHFT FX&DSTL RAD/UL	Y	-	1/1/2026	Fee Schedule	$4,817.88
25530	CLTX ULNAR SHFT FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
25535	CLTX ULNAR SHFT FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
25545	OPTX ULNAR SHFT FX INT FIXJ	Y	-	1/1/2026	Fee Schedule	$4,653.00
25560	CLTX RDL&ULN SHFT FX WO MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
25565	CLTX RDL&ULN SHFT FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
25574	OPTX RDL&ULN SHFT FX RDS/ULN	Y	-	1/1/2026	Fee Schedule	$5,158.47
25575	OPTX RDL&ULN SHFT FX RDS&ULN	Y	-	1/1/2026	Fee Schedule	$4,852.90
25600	CLTX DST RDL FX/EPHYS SEP WO	Y	-	1/1/2026	Fee Schedule	$135.54
25605	CLTX DST RDL FX/EPHYS SEP W/	Y	-	1/1/2026	Fee Schedule	$872.87
25606	PERQ SKEL FIXJ DSTL RDL FX	Y	-	1/1/2026	Fee Schedule	$1,644.87
25607	OPTX DST RD XARTC FX/EPI SEP	Y	-	1/1/2026	Fee Schedule	$4,970.99
25608	OPTX DST RD XART FX/EPI SEP2	Y	-	1/1/2026	Fee Schedule	$4,980.54
25609	OPTX DST RD XART FX/EP SEP3+	Y	-	1/1/2026	Fee Schedule	$5,014.28
25622	CLTX CARPL SCPHD FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
25624	CLTX CARPL SCPHD FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
25628	OPTX CARPL SCPHD FX INT FIXJ	Y	-	1/1/2026	Fee Schedule	$3,695.53
25630	CLTX CARPL FX W/O MNPJ EA B1	Y	-	1/1/2026	Fee Schedule	$135.54
25635	CLTX CARPL FX W/MNPJ EA B1	Y	-	1/1/2026	Fee Schedule	$872.87
25645	OPTX CRPL FX OTH/THN SCPH EA	Y	-	1/1/2026	Fee Schedule	$1,644.87

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25650	CLTX ULNAR STYLOID FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
25651	PERQ SKEL FIX ULNAR STYLD FX	Y	-	1/1/2026	Fee Schedule	$2,334.41
25652	OPTX ULNAR STYLOID FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,706.79
25660	CLTX RDCRPL/NTRCRPL DISLC 1+	Y	-	1/1/2026	Fee Schedule	$135.54
25670	OPTX RDCRPL/NTRCRPL DISLC 1+	Y	-	1/1/2026	Fee Schedule	$4,682.29
25671	PERQ SKEL FIX RAD/ULN DISLC	Y	-	1/1/2026	Fee Schedule	$1,644.87
25675	CLTX DSTL RAD/ULN DISLC MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
25676	OPTX RAD/ULN DISLC AQT/CHRNC	Y	-	1/1/2026	Fee Schedule	$3,695.53
25680	CLTX TRNS-SCPHPRLNR FX MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
25685	OPTX TRNS-SCPHPRLNR FX DISLC	Y	-	1/1/2026	Fee Schedule	$3,695.53
25690	CLTX LUNATE DISLC W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
25695	OPTX LUNATE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$3,695.53
25800	ARTHRD WRIST COMPLETE WO GRF	Y	-	1/1/2026	Fee Schedule	$5,187.76
25805	ARTHRD WRIST W/SLIDING GRAFT	Y	-	1/1/2026	Fee Schedule	$3,695.53
25810	ARTHRD WRST ILIAC/OTH AGRFT	Y	-	1/1/2026	Fee Schedule	$9,107.15
25820	ARTHRD WRIST LMTD W/O B1 GRF	Y	-	1/1/2026	Fee Schedule	$5,064.57
25825	ARTHRD WRIST WITH AUTOGRAFT	Y	-	1/1/2026	Fee Schedule	$4,708.07
25830	ARTHRD DST RAD/UL JT SGM RSC	Y	-	1/1/2026	Fee Schedule	$3,695.53
25900	AMPUTATION OF FOREARM	Y	-	1/1/2026	Fee Schedule	$3,695.53
25905	AMPUTATION OF FOREARM	Y	-	1/1/2026	Fee Schedule	$3,695.53
25907	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
25909	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$3,695.53
25915	AMPUTATION OF FOREARM	Y	-	1/1/2026	Fee Schedule	$3,695.53
25920	AMPUTATE HAND AT WRIST	Y	-	1/1/2026	Fee Schedule	$1,644.87
25922	AMPUTATE HAND AT WRIST	Y	-	1/1/2026	Fee Schedule	$872.87
25924	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
25927	AMPUTATION OF HAND	Y	-	1/1/2026	Fee Schedule	$1,644.87
25929	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$1,128.57
25931	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
26010	DRAINAGE OF FINGER ABSCESS	Y	-	1/1/2026	Fee Schedule	$110.23
26011	DRAINAGE OF FINGER ABSCESS	Y	-	1/1/2026	Fee Schedule	$742.04
26020	DRAIN HAND TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	$1,644.87
26025	DRAINAGE OF PALM BURSA	Y	-	1/1/2026	Fee Schedule	$1,644.87
26030	DRAINAGE OF PALM BURSAS	Y	-	1/1/2026	Fee Schedule	$1,644.87
26034	TREAT HAND BONE LESION	Y	-	1/1/2026	Fee Schedule	$872.87
26035	DECOMPRESS FINGERS/HAND	Y	-	1/1/2026	Fee Schedule	$1,644.87
26037	DECOMPRESS FINGERS/HAND	Y	-	1/1/2026	Fee Schedule	$1,644.87
26040	RELEASE PALM CONTRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
26045	RELEASE PALM CONTRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26055	INCISE FINGER TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	$872.87
26060	INCISION OF FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
26070	EXPLORE/TREAT HAND JOINT	Y	-	1/1/2026	Fee Schedule	$872.87
26075	EXPLORE/TREAT FINGER JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
26080	EXPLORE/TREAT FINGER JOINT	Y	-	1/1/2026	Fee Schedule	$872.87
26100	BIOPSY HAND JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
26105	BIOPSY FINGER JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
26110	BIOPSY FINGER JOINT LINING	Y	-	1/1/2026	Fee Schedule	$872.87
26111	EXC HAND LES SC 1.5 CM/>	Y	-	1/1/2026	Fee Schedule	$742.04
26113	EXC HAND TUM DEEP 1.5 CM/>	Y	-	1/1/2026	Fee Schedule	$742.04
26115	EXC HAND LES SC < 1.5 CM	Y	-	1/1/2026	Fee Schedule	$742.04
26116	EXC HAND TUM DEEP < 1.5 CM	Y	-	1/1/2026	Fee Schedule	$742.04
26117	RAD RESECT HAND TUMOR < 3 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
26118	RAD RESECT HAND TUMOR 3 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
26121	RELEASE PALM CONTRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87

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26123	RELEASE PALM CONTRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26125	RELEASE PALM CONTRACTURE	-	-	7/1/2018	No Separate Payment	$0.00
26130	REMOVE WRIST JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
26135	REVISE FINGER JOINT EACH	Y	-	1/1/2026	Fee Schedule	$1,644.87
26140	REVISE FINGER JOINT EACH	Y	-	1/1/2026	Fee Schedule	$872.87
26145	TENDON EXCISION PALM/FINGER	Y	-	1/1/2026	Fee Schedule	$872.87
26160	REMOVE TENDON SHEATH LESION	Y	-	1/1/2026	Fee Schedule	$872.87
26170	REMOVAL OF PALM TENDON EACH	Y	-	1/1/2026	Fee Schedule	$872.87
26180	REMOVAL OF FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
26185	REMOVE FINGER BONE	Y	-	1/1/2026	Fee Schedule	$872.87
26200	REMOVE HAND BONE LESION	Y	-	1/1/2026	Fee Schedule	$872.87
26205	REMOVE/GRAFT BONE LESION	Y	-	1/1/2026	Fee Schedule	$3,695.53
26210	REMOVAL OF FINGER LESION	Y	-	1/1/2026	Fee Schedule	$872.87
26215	REMOVE/GRAFT FINGER LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
26230	PARTIAL REMOVAL OF HAND BONE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26235	PARTIAL REMOVAL FINGER BONE	Y	-	1/1/2026	Fee Schedule	$872.87
26236	PARTIAL REMOVAL FINGER BONE	Y	-	1/1/2026	Fee Schedule	$872.87
26250	EXTENSIVE HAND SURGERY	Y	-	1/1/2026	Fee Schedule	$2,363.73
26260	RESECT PROX FINGER TUMOR	Y	-	1/1/2026	Fee Schedule	$1,644.87
26262	RESECT DISTAL FINGER TUMOR	Y	-	1/1/2026	Fee Schedule	$872.87
26320	REMOVAL OF IMPLANT FROM HAND	-	-	1/1/2026	Fee Schedule	$742.04
26340	MANIPULATE FINGER W/ANESTH	Y	-	1/1/2026	Fee Schedule	$872.87
26341	MANIPULAT PALM CORD POST INJ	Y	-	1/1/2026	Fee Schedule	$89.63
26350	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26352	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
26356	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26357	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26358	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
26370	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26372	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
26373	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26390	REVISE HAND/FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$4,682.29
26392	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
26410	REPAIR HAND TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
26412	REPAIR/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26415	EXCISION HAND/FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26416	GRAFT HAND OR FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26418	REPAIR FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
26420	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26426	REPAIR FINGER/HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26428	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26432	REPAIR FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
26433	REPAIR FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26434	REPAIR/GRAFT FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26437	REALIGNMENT OF TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87
26440	RELEASE PALM/FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
26442	RELEASE PALM & FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26445	RELEASE HAND/FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26449	RELEASE FOREARM/HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26450	INCISION OF PALM TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26455	INCISION OF FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
26460	INCISE HAND/FINGER TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
26471	FUSION OF FINGER TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87
26474	FUSION OF FINGER TENDONS	Y	-	1/1/2026	Fee Schedule	$872.87

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26476	TENDON LENGTHENING	Y	-	1/1/2026	Fee Schedule	$1,644.87
26477	TENDON SHORTENING	Y	-	1/1/2026	Fee Schedule	$1,644.87
26478	LENGTHENING OF HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26479	SHORTENING OF HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26480	TRANSPLANT HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26483	TRANSPLANT/GRAFT HAND TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26485	TRANSPLANT PALM TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26489	TRANSPLANT/GRAFT PALM TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26490	REVISE THUMB TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26492	TENDON TRANSFER WITH GRAFT	Y	-	1/1/2026	Fee Schedule	$1,644.87
26494	HAND TENDON/MUSCLE TRANSFER	Y	-	1/1/2026	Fee Schedule	$1,644.87
26496	REVISE THUMB TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
26497	FINGER TENDON TRANSFER	Y	-	1/1/2026	Fee Schedule	$1,644.87
26498	FINGER TENDON TRANSFER	Y	-	1/1/2026	Fee Schedule	$1,644.87
26499	CORRECTION CLAW FINGER OTHER	Y	-	1/1/2026	Fee Schedule	$1,644.87
26500	HAND TENDON RECONSTRUCTION	Y	-	1/1/2026	Fee Schedule	$3,695.53
26502	HAND TENDON RECONSTRUCTION	Y	-	1/1/2026	Fee Schedule	$1,644.87
26508	RELEASE THUMB CONTRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26510	THUMB TENDON TRANSFER	Y	-	1/1/2026	Fee Schedule	$1,644.87
26516	FUSION OF KNUCKLE JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
26517	FUSION OF KNUCKLE JOINTS	Y	-	1/1/2026	Fee Schedule	$1,644.87
26518	FUSION OF KNUCKLE JOINTS	Y	-	1/1/2026	Fee Schedule	$4,682.29
26520	RELEASE KNUCKLE CONTRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26525	RELEASE FINGER CONTRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
26530	REVISE KNUCKLE JOINT	Y	-	1/1/2026	Fee Schedule	$4,977.04
26531	REVISE KNUCKLE WITH IMPLANT	Y	-	1/1/2026	Fee Schedule	$5,002.82
26535	REVISE FINGER JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
26536	REVISE/IMPLANT FINGER JOINT	Y	-	1/1/2026	Fee Schedule	$4,782.55
26540	REPAIR HAND JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
26541	REPAIR HAND JOINT WITH GRAFT	Y	-	1/1/2026	Fee Schedule	$2,194.00
26542	REPAIR HAND JOINT WITH GRAFT	Y	-	1/1/2026	Fee Schedule	$2,118.91
26545	RECONSTRUCT FINGER JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
26546	REPAIR NONUNION HAND	Y	-	1/1/2026	Fee Schedule	$3,695.53
26548	RECONSTRUCT FINGER JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
26550	POLLICIZATION DIGIT	Y	-	1/1/2026	Fee Schedule	$1,644.87
26551	GREAT TOE-HAND TRANSFER	Y	-	1/1/2026	Fee Schedule	$4,682.29
26553	SINGLE TRANSFER TOE-HAND	Y	-	1/1/2026	Fee Schedule	$4,682.29
26554	DOUBLE TRANSFER TOE-HAND	Y	-	1/1/2026	Fee Schedule	$4,682.29
26555	POSITIONAL CHANGE OF FINGER	Y	-	1/1/2026	Fee Schedule	$3,695.53
26556	TOE JOINT TRANSFER	Y	-	1/1/2026	Fee Schedule	$4,682.29
26560	REPAIR OF WEB FINGER	Y	-	1/1/2026	Fee Schedule	$872.87
26561	REPAIR OF WEB FINGER	Y	-	1/1/2026	Fee Schedule	$1,644.87
26562	REPAIR OF WEB FINGER	Y	-	1/1/2026	Fee Schedule	$1,644.87
26565	CORRECT METACARPAL FLAW	Y	-	1/1/2026	Fee Schedule	$1,644.87
26567	CORRECT FINGER DEFORMITY	Y	-	1/1/2026	Fee Schedule	$1,644.87
26568	LENGTHEN METACARPAL/FINGER	Y	-	1/1/2026	Fee Schedule	$5,165.80
26580	REPAIR CLEFT HAND	Y	-	1/1/2026	Fee Schedule	$1,644.87
26587	RECONSTRUCT EXTRA FINGER	Y	-	1/1/2026	Fee Schedule	$1,644.87
26590	REPAIR FINGER DEFORMITY	Y	-	1/1/2026	Fee Schedule	$872.87
26591	REPAIR MUSCLES OF HAND	Y	-	1/1/2026	Fee Schedule	$1,644.87
26593	RELEASE MUSCLES OF HAND	Y	-	1/1/2026	Fee Schedule	$1,644.87
26596	EXCISION CONSTRICTING TISSUE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26600	TREAT METACARPAL FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
26605	TREAT METACARPAL FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54

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26607	TREAT METACARPAL FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26608	TREAT METACARPAL FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26615	TREAT METACARPAL FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26641	TREAT THUMB DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
26645	TREAT THUMB FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
26650	TREAT THUMB FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26665	TREAT THUMB FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26670	TREAT HAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
26675	TREAT HAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	$872.87
26676	PIN HAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
26685	TREAT HAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
26686	TREAT HAND DISLOCATION	Y	-	1/1/2026	Fee Schedule	$2,084.06
26700	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
26705	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$872.87
26706	PIN KNUCKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
26715	TREAT KNUCKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
26720	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$135.54
26725	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$135.54
26727	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$1,644.87
26735	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$1,644.87
26740	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$135.54
26742	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$872.87
26746	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$1,644.87
26750	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$135.54
26755	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$135.54
26756	PIN FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$1,644.87
26765	TREAT FINGER FRACTURE EACH	Y	-	1/1/2026	Fee Schedule	$1,644.87
26770	TREAT FINGER DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
26775	TREAT FINGER DISLOCATION	Y	-	1/1/2026	Fee Schedule	$153.62
26776	PIN FINGER DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
26785	TREAT FINGER DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
26820	THUMB FUSION WITH GRAFT	Y	-	1/1/2026	Fee Schedule	$3,695.53
26841	FUSION OF THUMB	Y	-	1/1/2026	Fee Schedule	$3,695.53
26842	THUMB FUSION WITH GRAFT	Y	-	1/1/2026	Fee Schedule	$3,695.53
26843	FUSION OF HAND JOINT	Y	-	1/1/2026	Fee Schedule	$3,695.53
26844	FUSION/GRAFT OF HAND JOINT	Y	-	1/1/2026	Fee Schedule	$5,104.04
26850	FUSION OF KNUCKLE	Y	-	1/1/2026	Fee Schedule	$3,695.53
26852	FUSION OF KNUCKLE WITH GRAFT	Y	-	1/1/2026	Fee Schedule	$3,695.53
26860	FUSION OF FINGER JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
26861	FUSION OF FINGER JNT ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
26862	FUSION/GRAFT OF FINGER JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
26863	FUSE/GRAFT ADDED JOINT	-	-	7/1/2018	No Separate Payment	$0.00
26910	AMPUTATE METACARPAL BONE	Y	-	1/1/2026	Fee Schedule	$1,644.87
26951	AMPUTATION OF FINGER/THUMB	Y	-	1/1/2026	Fee Schedule	$1,644.87
26952	AMPUTATION OF FINGER/THUMB	Y	-	1/1/2026	Fee Schedule	$1,644.87
26990	DRAINAGE OF PELVIS LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
26991	DRAINAGE OF PELVIS BURSA	Y	-	1/1/2026	Fee Schedule	$872.87
26992	DRAINAGE OF BONE LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
27000	TENOTOMY ADDUCTOR HIP PERQ	Y	-	1/1/2026	Fee Schedule	$872.87
27001	TENOTOMY ADDUCTOR HIP OPEN	Y	-	1/1/2026	Fee Schedule	$1,644.87
27003	TNOT ADDUCTR SUBQ OPN NEURCT	Y	-	1/1/2026	Fee Schedule	$3,695.53
27005	TENOTOMY HIP FLEXOR OPEN	Y	-	1/1/2026	Fee Schedule	$1,644.87
27006	TENOTOMY ABDUCTOR&/XTNSR HIP	Y	-	1/1/2026	Fee Schedule	$1,644.87
27025	FASCIOTOMY HIP/THIGH ANY TYP	Y	-	1/1/2026	Fee Schedule	$2,101.63

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27027	DCMPRN FASCT PEL COMPARTMENT	Y	-	1/1/2026	Fee Schedule	$3,695.53
27030	ARTHROTOMY HIP W/DRAINAGE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27033	ARTHRT HIP EXPL/RMV LOOSE/FB	Y	-	1/1/2026	Fee Schedule	$3,695.53
27035	DENERVATION OF HIP JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
27036	CAPSULECTOMY/CAPSULOTOMY HIP	Y	-	1/1/2026	Fee Schedule	$3,695.53
27040	BIOPSY OF SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	$742.04
27041	BIOPSY OF SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	$742.04
27043	EXC HIP PELVIS LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
27047	EXC HIP/PELVIS LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
27049	RESECT HIP/PELV TUM < 5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
27050	BIOPSY OF SACROILIAC JOINT	Y	-	1/1/2026	Fee Schedule	$872.87
27052	BIOPSY OF HIP JOINT	Y	-	1/1/2026	Fee Schedule	$872.87
27054	REMOVAL OF HIP JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
27057	BUTTOCK FASCIOTOMY W/DBRDMT	Y	-	1/1/2026	Fee Schedule	$1,179.92
27059	RESECT HIP/PELV TUM 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
27060	REMOVAL OF ISCHIAL BURSA	Y	-	1/1/2026	Fee Schedule	$4,682.29
27062	REMOVE FEMUR LESION/BURSA	Y	-	1/1/2026	Fee Schedule	$1,644.87
27065	REMOVE HIP BONE LES SUPER	Y	-	1/1/2026	Fee Schedule	$3,695.53
27066	REMOVE HIP BONE LES DEEP	Y	-	1/1/2026	Fee Schedule	$1,644.87
27067	REMOVE/GRAFT HIP BONE LESION	Y	-	1/1/2026	Fee Schedule	$5,244.73
27070	PART REMOVE HIP BONE SUPER	Y	-	1/1/2026	Fee Schedule	$2,685.62
27071	PART REMOVAL HIP BONE DEEP	Y	-	1/1/2026	Fee Schedule	$1,644.87
27075	RESECT HIP TUMOR	Y	-	1/1/2026	Fee Schedule	$4,682.29
27076	RESECT HIP TUM INCL ACETABUL	Y	-	1/1/2026	Fee Schedule	$3,695.53
27077	RESECT HIP TUM W/INNOM BONE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27078	RSECT HIP TUM INCL FEMUR	Y	-	1/1/2026	Fee Schedule	$3,695.53
27080	REMOVAL OF TAIL BONE	Y	-	1/1/2026	Fee Schedule	$1,644.87
27086	REMOVE HIP FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$1,248.36
27087	REMOVE HIP FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$1,644.87
27090	REMOVAL OF HIP PROSTHESIS	Y	-	1/1/2026	Fee Schedule	$3,695.53
27091	REMOVAL OF HIP PROSTHESIS	Y	-	1/1/2026	Fee Schedule	$6,804.43
27093	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
27095	INJECTION FOR HIP X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
27097	REVISION OF HIP TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
27098	TRANSFER TENDON TO PELVIS	Y	-	1/1/2026	Fee Schedule	$2,136.34
27100	TRANSFER OF ABDOMINAL MUSCLE	Y	-	1/1/2026	Fee Schedule	$4,754.22
27105	TRANSFER OF SPINAL MUSCLE	Y	-	1/1/2026	Fee Schedule	$2,386.26
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	1/1/2026	Fee Schedule	$4,968.76
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y	-	1/1/2026	Fee Schedule	$1,644.87
27120	RECONSTRUCTION OF HIP SOCKET	Y	-	1/1/2026	Fee Schedule	$9,493.97
27122	RECONSTRUCTION OF HIP SOCKET	Y	-	1/1/2026	Fee Schedule	$3,695.53
27125	PARTIAL HIP REPLACEMENT	Y	-	1/1/2026	Fee Schedule	$8,652.94
27130	TOTAL HIP ARTHROPLASTY	Y	-	1/1/2026	Fee Schedule	$9,614.11
27132	TOTAL HIP ARTHROPLASTY	Y	-	1/1/2026	Fee Schedule	$9,707.30
27134	REVISE HIP JOINT REPLACEMENT	Y	-	1/1/2026	Fee Schedule	$9,325.76
27137	REVISE HIP JOINT REPLACEMENT	Y	-	1/1/2026	Fee Schedule	$8,939.53
27138	REVISE HIP JOINT REPLACEMENT	Y	-	1/1/2026	Fee Schedule	$9,113.60
27140	TRANSPLANT FEMUR RIDGE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27146	INCISION OF HIP BONE	Y	-	1/1/2026	Fee Schedule	$4,682.29
27147	REVISION OF HIP BONE	Y	-	1/1/2026	Fee Schedule	$4,682.29
27151	INCISION OF HIP BONES	Y	-	1/1/2026	Fee Schedule	$4,682.29
27156	REVISION OF HIP BONES	Y	-	1/1/2026	Fee Schedule	$4,682.29

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27158	REVISION OF PELVIS	Y	-	1/1/2026	Fee Schedule	$4,682.29
27161	INCISION OF NECK OF FEMUR	Y	-	1/1/2026	Fee Schedule	$4,682.29
27165	INCISION/FIXATION OF FEMUR	Y	-	1/1/2026	Fee Schedule	$4,682.29
27170	REPAIR/GRAFT FEMUR HEAD/NECK	Y	-	1/1/2026	Fee Schedule	$4,822.66
27175	TREAT SLIPPED EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	$1,644.87
27176	TREAT SLIPPED EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	$2,084.06
27177	TREAT SLIPPED EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	$2,084.06
27178	TREAT SLIPPED EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	$2,084.06
27179	REVISE HEAD/NECK OF FEMUR	Y	-	1/1/2026	Fee Schedule	$3,695.53
27181	TREAT SLIPPED EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	$4,682.29
27185	REVISION OF FEMUR EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	$2,084.06
27187	REINFORCE HIP BONES	Y	-	1/1/2026	Fee Schedule	$5,343.09
27197	CLSD TX PELVIC RING FX	Y	-	1/1/2026	Fee Schedule	$135.54
27198	CLSD TX PELVIC RING FX	Y	-	1/1/2026	Fee Schedule	$135.54
27200	TREAT TAIL BONE FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27202	TREAT TAIL BONE FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
27220	TREAT HIP SOCKET FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27222	TREAT HIP SOCKET FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27226	TREAT HIP WALL FRACTURE	Y	-	1/1/2026	Fee Schedule	$5,675.08
27227	TREAT HIP FRACTURE(S)	Y	-	1/1/2026	Fee Schedule	$4,897.46
27228	TREAT HIP FRACTURE(S)	Y	-	1/1/2026	Fee Schedule	$5,321.13
27230	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27232	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27235	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27236	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,881.55
27238	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27240	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27244	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,784.46
27245	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,831.57
27246	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27248	TREAT THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27250	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
27252	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$872.87
27253	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
27254	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$3,695.53
27256	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
27257	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$872.87
27258	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
27259	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$2,084.06
27265	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
27266	TREAT HIP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$872.87
27267	CLTX THIGH FX	Y	-	1/1/2026	Fee Schedule	$1,644.87
27268	CLTX THIGH FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
27269	OPTX THIGH FX	Y	-	1/1/2026	Fee Schedule	$4,682.29
27275	MANIPULATION OF HIP JOINT	Y	-	1/1/2026	Fee Schedule	$872.87
27278	ARTHRD SI JT PLMT IARTIC DEV	Y	-	1/1/2026	Fee Schedule	$15,047.71
27279	ARTHRD SI JT PLMT TARTCLR DV	Y	-	1/1/2026	Fee Schedule	$14,517.56
27280	ARTHR SI JT OPN B1GRF INSTRM	Y	-	1/1/2026	Fee Schedule	$13,808.82
27282	ARTHRODESIS SYMPHYSIS PUBIS	Y	-	1/1/2026	Fee Schedule	$2,084.06
27284	ARTHRODESIS HIP JOINT	Y	-	1/1/2026	Fee Schedule	$9,493.97
27286	ARTHRD HIP JT SBTRCHC OSTEOT	Y	-	1/1/2026	Fee Schedule	$9,493.97
27290	AMPUTATION OF LEG AT HIP	Y	-	1/1/2026	Fee Schedule	$9,255.83
27295	AMPUTATION OF LEG AT HIP	Y	-	1/1/2026	Fee Schedule	$9,255.83
27301	DRAIN THIGH/KNEE LESION	Y	-	1/1/2026	Fee Schedule	$1,248.36

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27303	DRAINAGE OF BONE LESION	Y	-	1/1/2026	Fee Schedule	$2,084.06
27305	INCISE THIGH TENDON & FASCIA	Y	-	1/1/2026	Fee Schedule	$1,644.87
27306	INCISION OF THIGH TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
27307	INCISION OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87
27310	EXPLORATION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
27323	BIOPSY THIGH SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	$742.04
27324	BIOPSY THIGH SOFT TISSUES	Y	-	1/1/2026	Fee Schedule	$1,248.36
27325	NEURECTOMY HAMSTRING	Y	-	1/1/2026	Fee Schedule	$948.66
27326	NEURECTOMY POPLITEAL	Y	-	1/1/2026	Fee Schedule	$948.66
27327	EXC THIGH/KNEE LES SC < 3 CM	Y	-	1/1/2026	Fee Schedule	$742.04
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
27329	RESECT THIGH/KNEE TUM < 5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
27330	BIOPSY KNEE JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
27331	EXPLORE/TREAT KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
27332	REMOVAL OF KNEE CARTILAGE	Y	-	1/1/2026	Fee Schedule	$1,644.87
27333	REMOVAL OF KNEE CARTILAGE	Y	-	1/1/2026	Fee Schedule	$1,644.87
27334	REMOVE KNEE JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
27335	REMOVE KNEE JOINT LINING	Y	-	1/1/2026	Fee Schedule	$3,695.53
27337	EXC THIGH/KNEE LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
27339	EXC THIGH/KNEE TUM DEP 5CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
27340	REMOVAL OF KNEECAP BURSA	Y	-	1/1/2026	Fee Schedule	$1,644.87
27345	REMOVAL OF KNEE CYST	Y	-	1/1/2026	Fee Schedule	$1,644.87
27347	REMOVE KNEE CYST	Y	-	1/1/2026	Fee Schedule	$1,644.87
27350	REMOVAL OF KNEECAP	Y	-	1/1/2026	Fee Schedule	$3,695.53
27355	REMOVE FEMUR LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
27356	REMOVE FEMUR LESION/GRAFT	Y	-	1/1/2026	Fee Schedule	$8,621.29
27357	REMOVE FEMUR LESION/GRAFT	Y	-	1/1/2026	Fee Schedule	$4,682.29
27358	REMOVE FEMUR LESION/FIXATION	-	-	7/1/2018	No Separate Payment	$0.00
27360	PARTIAL REMOVAL LEG BONE(S)	Y	-	1/1/2026	Fee Schedule	$1,644.87
27364	RESECT THIGH/KNEE TUM 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
27365	RESECT FEMUR/KNEE TUMOR	Y	-	1/1/2026	Fee Schedule	$1,644.87
27369	NJX CNTRST KNE ARTHG/CT/MRI	-	-	1/1/2019	No Separate Payment	$0.00
27372	REMOVAL OF FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$1,248.36
27380	REPAIR OF KNEECAP TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
27381	REPAIR/GRAFT KNEECAP TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
27385	REPAIR OF THIGH MUSCLE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27390	INCISION OF THIGH TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
27391	INCISION OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87
27392	INCISION OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87
27393	LENGTHENING OF THIGH TENDON	Y	-	1/1/2026	Fee Schedule	$4,682.29
27394	LENGTHENING OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	$3,695.53
27395	LENGTHENING OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87
27396	TRANSPLANT OF THIGH TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
27397	TRANSPLANTS OF THIGH TENDONS	Y	-	1/1/2026	Fee Schedule	$5,459.27
27400	REVISE THIGH MUSCLES/TENDONS	Y	-	1/1/2026	Fee Schedule	$3,695.53
27403	REPAIR OF KNEE CARTILAGE	Y	-	1/1/2026	Fee Schedule	$5,480.92
27405	REPAIR OF KNEE LIGAMENT	Y	-	1/1/2026	Fee Schedule	$3,695.53
27407	REPAIR OF KNEE LIGAMENT	Y	-	1/1/2026	Fee Schedule	$5,256.83
27409	REPAIR OF KNEE LIGAMENTS	Y	-	1/1/2026	Fee Schedule	$3,695.53
27412	AUTOCHONDROCYTE IMPLANT KNEE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y	-	1/1/2026	Fee Schedule	$10,492.07
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y	-	1/1/2026	Fee Schedule	$3,695.53
27418	REPAIR DEGENERATED KNEECAP	Y	-	1/1/2026	Fee Schedule	$3,695.53

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27420	REVISION OF UNSTABLE KNEECAP	Y	-	1/1/2026	Fee Schedule	$3,695.53
27422	REVISION OF UNSTABLE KNEECAP	Y	-	1/1/2026	Fee Schedule	$3,695.53
27424	REVISION/REMOVAL OF KNEECAP	Y	-	1/1/2026	Fee Schedule	$3,695.53
27425	LAT RETINACULAR RELEASE OPEN	Y	-	1/1/2026	Fee Schedule	$1,644.87
27427	RECONSTRUCTION KNEE	Y	-	1/1/2026	Fee Schedule	$4,859.27
27428	RECONSTRUCTION KNEE	Y	-	1/1/2026	Fee Schedule	$8,621.29
27429	RECONSTRUCTION KNEE	Y	-	1/1/2026	Fee Schedule	$9,649.87
27430	REVISION OF THIGH MUSCLES	Y	-	1/1/2026	Fee Schedule	$3,695.53
27435	INCISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
27437	REVISE KNEECAP	Y	-	1/1/2026	Fee Schedule	$3,695.53
27438	REVISE KNEECAP WITH IMPLANT	Y	-	1/1/2026	Fee Schedule	$6,804.43
27440	REVISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$8,621.29
27441	REVISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$6,804.43
27442	REVISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$9,055.58
27443	REVISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$10,208.40
27446	REVISION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$9,213.82
27447	TOTAL KNEE ARTHROPLASTY	Y	-	1/1/2026	Fee Schedule	$9,393.16
27448	INCISION OF THIGH	Y	-	1/1/2026	Fee Schedule	$3,695.53
27450	INCISION OF THIGH	Y	-	1/1/2026	Fee Schedule	$4,682.29
27454	REALIGNMENT OF THIGH BONE	Y	-	1/1/2026	Fee Schedule	$4,682.29
27455	REALIGNMENT OF KNEE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27457	REALIGNMENT OF KNEE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27458	OSTEOT FEMUR IMED LNGTH DEV	Y	-	1/1/2026	Fee Schedule	$4,682.29
27465	SHORTENING OF THIGH BONE	Y	-	1/1/2026	Fee Schedule	$4,682.29
27466	LENGTHENING OF THIGH BONE	Y	-	1/1/2026	Fee Schedule	$4,682.29
27470	REPAIR OF THIGH	Y	-	1/1/2026	Fee Schedule	$3,695.53
27472	REPAIR/GRAFT OF THIGH	Y	-	1/1/2026	Fee Schedule	$4,816.61
27475	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2026	Fee Schedule	$3,695.53
27477	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2026	Fee Schedule	$5,078.26
27479	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2026	Fee Schedule	$3,695.53
27485	SURGERY TO STOP LEG GROWTH	Y	-	1/1/2026	Fee Schedule	$3,695.53
27486	REVISE/REPLACE KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$6,804.43
27487	REVISE/REPLACE KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$13,964.28
27488	REMOVAL OF KNEE PROSTHESIS	Y	-	1/1/2026	Fee Schedule	$9,493.97
27495	REINFORCE THIGH	Y	-	1/1/2026	Fee Schedule	$4,971.95
27496	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2026	Fee Schedule	$1,644.87
27497	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2026	Fee Schedule	$1,644.87
27498	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2026	Fee Schedule	$872.87
27499	DECOMPRESSION OF THIGH/KNEE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27500	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27501	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27502	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27503	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27506	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,699.15
27507	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$5,057.25
27508	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27509	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,899.69
27510	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27511	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$9,256.60
27513	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$9,030.96
27514	TREATMENT OF THIGH FRACTURE	Y	-	1/1/2026	Fee Schedule	$9,239.02
27516	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2026	Fee Schedule	$135.54
27517	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2026	Fee Schedule	$872.87
27519	TREAT THIGH FX GROWTH PLATE	Y	-	1/1/2026	Fee Schedule	$4,682.29

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27520	TREAT KNEECAP FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27524	TREAT KNEECAP FRACTURE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27530	TREAT KNEE FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27532	TREAT KNEE FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
27535	TREAT KNEE FRACTURE	Y	-	1/1/2026	Fee Schedule	$5,060.12
27536	TREAT KNEE FRACTURE	Y	-	1/1/2026	Fee Schedule	$5,042.29
27538	TREAT KNEE FRACTURE(S)	Y	-	1/1/2026	Fee Schedule	$135.54
27540	TREAT KNEE FRACTURE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27550	TREAT KNEE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
27552	TREAT KNEE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$872.87
27556	TREAT KNEE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$3,695.53
27557	TREAT KNEE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$4,682.29
27558	TREAT KNEE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$4,682.29
27560	TREAT KNEECAP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
27562	TREAT KNEECAP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
27566	TREAT KNEECAP DISLOCATION	Y	-	1/1/2026	Fee Schedule	$3,695.53
27570	FIXATION OF KNEE JOINT	Y	-	1/1/2026	Fee Schedule	$872.87
27580	FUSION OF KNEE	Y	-	1/1/2026	Fee Schedule	$8,796.53
27590	AMPUTATE LEG AT THIGH	Y	-	1/1/2026	Fee Schedule	$1,644.87
27591	AMPUTATE LEG AT THIGH	Y	-	1/1/2026	Fee Schedule	$1,644.87
27592	AMPUTATE LEG AT THIGH	Y	-	1/1/2026	Fee Schedule	$1,644.87
27594	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
27596	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
27598	AMPUTATE LOWER LEG AT KNEE	Y	-	1/1/2026	Fee Schedule	$1,644.87
27600	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	$1,644.87
27601	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	$1,644.87
27602	DECOMPRESSION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	$1,644.87
27603	DRAIN LOWER LEG LESION	Y	-	1/1/2026	Fee Schedule	$1,248.36
27604	DRAIN LOWER LEG BURSA	Y	-	1/1/2026	Fee Schedule	$1,644.87
27605	INCISION OF ACHILLES TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
27606	INCISION OF ACHILLES TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
27607	TREAT LOWER LEG BONE LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
27610	EXPLORE/TREAT ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
27612	EXPLORATION OF ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
27613	BIOPSY LOWER LEG SOFT TISSUE	Y	-	1/1/2026	Fee Schedule	$178.91
27614	BIOPSY LOWER LEG SOFT TISSUE	Y	-	1/1/2026	Fee Schedule	$1,248.36
27615	RESECT LEG/ANKLE TUM < 5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
27618	EXC LEG/ANKLE TUM < 3 CM	Y	-	1/1/2026	Fee Schedule	$742.04
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
27620	EXPLORE/TREAT ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
27625	REMOVE ANKLE JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
27626	REMOVE ANKLE JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
27630	REMOVAL OF TENDON LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
27635	REMOVE LOWER LEG BONE LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
27637	REMOVE/GRAFT LEG BONE LESION	Y	-	1/1/2026	Fee Schedule	$4,665.10
27638	REMOVE/GRAFT LEG BONE LESION	Y	-	1/1/2026	Fee Schedule	$3,695.53
27640	PARTIAL REMOVAL OF TIBIA	Y	-	1/1/2026	Fee Schedule	$1,644.87
27641	PARTIAL REMOVAL OF FIBULA	Y	-	1/1/2026	Fee Schedule	$1,644.87
27645	RESECT TIBIA TUMOR	Y	-	1/1/2026	Fee Schedule	$1,644.87
27646	RESECT FIBULA TUMOR	Y	-	1/1/2026	Fee Schedule	$1,644.87
27647	RESECT TALUS/CALCANEUS TUM	Y	-	1/1/2026	Fee Schedule	$1,644.87

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
27648	INJECTION FOR ANKLE X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
27650	REPAIR ACHILLES TENDON	Y	-	1/1/2026	Fee Schedule	$4,682.29
27652	REPAIR/GRAFT ACHILLES TENDON	Y	-	1/1/2026	Fee Schedule	$4,914.65
27654	REPAIR OF ACHILLES TENDON	Y	-	1/1/2026	Fee Schedule	$4,714.43
27656	REPAIR LEG FASCIA DEFECT	Y	-	1/1/2026	Fee Schedule	$1,644.87
27658	REPAIR OF LEG TENDON EACH	Y	-	1/1/2026	Fee Schedule	$1,644.87
27659	REPAIR OF LEG TENDON EACH	Y	-	1/1/2026	Fee Schedule	$3,695.53
27664	REPAIR OF LEG TENDON EACH	Y	-	1/1/2026	Fee Schedule	$3,695.53
27665	REPAIR OF LEG TENDON EACH	Y	-	1/1/2026	Fee Schedule	$4,836.35
27675	REPAIR LOWER LEG TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87
27676	REPAIR LOWER LEG TENDONS	Y	-	1/1/2026	Fee Schedule	$3,695.53
27680	RELEASE OF LOWER LEG TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
27681	RELEASE OF LOWER LEG TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87
27685	REVISION OF LOWER LEG TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
27686	REVISE LOWER LEG TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87
27687	REVISION OF CALF TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
27690	REVISE LOWER LEG TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
27691	REVISE LOWER LEG TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
27692	REVISE ADDITIONAL LEG TENDON	-	-	7/1/2018	No Separate Payment	$0.00
27695	REPAIR OF ANKLE LIGAMENT	Y	-	1/1/2026	Fee Schedule	$5,054.38
27696	REPAIR OF ANKLE LIGAMENTS	Y	-	1/1/2026	Fee Schedule	$5,352.64
27698	REPAIR OF ANKLE LIGAMENT	Y	-	1/1/2026	Fee Schedule	$4,982.77
27700	REVISION OF ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	$5,124.73
27702	RECONSTRUCT ANKLE JOIN	Y	-	1/1/2026	Fee Schedule	$21,837.31
27703	RECONSTRUCTION ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	$14,025.67
27704	REMOVAL OF ANKLE IMPLANT	-	-	1/1/2026	Fee Schedule	$1,644.87
27705	OSTEOTOMY TIBIA	Y	-	1/1/2026	Fee Schedule	$5,157.52
27707	OSTEOTOMY FIBULA	Y	-	1/1/2026	Fee Schedule	$1,644.87
27709	OSTEOTOMY TIBIA & FIBULA	Y	-	1/1/2026	Fee Schedule	$8,873.30
27712	OSTEOT MLT RELIGNMT IMED ROD	Y	-	1/1/2026	Fee Schedule	$9,493.97
27713	OSTEOT TIBIA IMED LNGTH DEV	Y	-	1/1/2026	Fee Schedule	$4,682.29
27715	OSTPL TIBFIB LNGTH/SHRT	Y	-	1/1/2026	Fee Schedule	$9,493.97
27720	REPAIR OF TIBIA	Y	-	1/1/2026	Fee Schedule	$4,845.90
27722	REPAIR/GRAFT OF TIBIA	Y	-	1/1/2026	Fee Schedule	$4,737.67
27724	REPAIR/GRAFT OF TIBIA	Y	-	1/1/2026	Fee Schedule	$4,974.17
27725	REPAIR OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	$4,801.02
27726	REPAIR FIBULA NONUNION	Y	-	1/1/2026	Fee Schedule	$4,746.58
27727	REPAIR OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	$1,644.87
27730	REPAIR OF TIBIA EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	$2,084.06
27732	REPAIR OF FIBULA EPIPHYSIS	Y	-	1/1/2026	Fee Schedule	$1,644.87
27734	REPAIR LOWER LEG EPIPHYSES	Y	-	1/1/2026	Fee Schedule	$1,644.87
27740	REPAIR OF LEG EPIPHYSES	Y	-	1/1/2026	Fee Schedule	$1,644.87
27742	REPAIR OF LEG EPIPHYSES	Y	-	1/1/2026	Fee Schedule	$1,644.87
27745	REINFORCE TIBIA	Y	-	1/1/2026	Fee Schedule	$4,847.17
27750	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27752	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27756	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2026	Fee Schedule	$5,452.27
27758	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2026	Fee Schedule	$8,872.72
27759	TREATMENT OF TIBIA FRACTURE	Y	-	1/1/2026	Fee Schedule	$8,846.34
27760	CLTX MEDIAL ANKLE FX	Y	-	1/1/2026	Fee Schedule	$135.54
27762	CLTX MED ANKLE FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
27766	OPTX MEDIAL ANKLE FX	Y	-	1/1/2026	Fee Schedule	$3,695.53
27767	CLTX POST ANKLE FX	Y	-	1/1/2026	Fee Schedule	$135.54
27768	CLTX POST ANKLE FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87

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27769	OPTX POST ANKLE FX	Y	-	1/1/2026	Fee Schedule	$4,682.29
27780	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27781	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27784	TREATMENT OF FIBULA FRACTURE	Y	-	1/1/2026	Fee Schedule	$3,695.53
27786	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27788	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27792	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,813.11
27808	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27810	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27814	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,843.35
27816	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27818	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27822	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,821.39
27823	TREATMENT OF ANKLE FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,829.98
27824	TREAT LOWER LEG FRACTURE	Y	-	1/1/2026	Fee Schedule	$135.54
27825	TREAT LOWER LEG FRACTURE	Y	-	1/1/2026	Fee Schedule	$872.87
27826	TREAT LOWER LEG FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,682.29
27827	TREAT LOWER LEG FRACTURE	Y	-	1/1/2026	Fee Schedule	$8,938.36
27828	TREAT LOWER LEG FRACTURE	Y	-	1/1/2026	Fee Schedule	$9,196.24
27829	TREAT LOWER LEG JOINT	Y	-	1/1/2026	Fee Schedule	$4,876.77
27830	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
27831	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
27832	TREAT LOWER LEG DISLOCATION	Y	-	1/1/2026	Fee Schedule	$4,947.12
27840	TREAT ANKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
27842	TREAT ANKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$872.87
27846	TREAT ANKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$5,523.25
27848	TREAT ANKLE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$4,682.29
27860	FIXATION OF ANKLE JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
27870	FUSION OF ANKLE JOINT OPEN	Y	-	1/1/2026	Fee Schedule	$9,693.82
27871	FUSION OF TIBIOFIBULAR JOINT	Y	-	1/1/2026	Fee Schedule	$9,492.21
27880	AMPUTATION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	$3,695.53
27881	AMPUTATION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	$1,644.87
27882	AMPUTATION OF LOWER LEG	Y	-	1/1/2026	Fee Schedule	$1,644.87
27884	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
27886	AMPUTATION FOLLOW-UP SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
27888	AMPUTATION OF FOOT AT ANKLE	Y	-	1/1/2026	Fee Schedule	$1,644.87
27889	ANKLE DISARTICULATION	Y	-	1/1/2026	Fee Schedule	$3,695.53
27892	DECOMPRESSION OF LEG	Y	-	1/1/2026	Fee Schedule	$1,644.87
27893	DECOMPRESSION OF LEG	Y	-	1/1/2026	Fee Schedule	$4,682.29
27894	DECOMPRESSION OF LEG	Y	-	1/1/2026	Fee Schedule	$1,644.87
28001	DRAINAGE OF BURSA OF FOOT	Y	-	1/1/2026	Fee Schedule	$96.67
28002	TREATMENT OF FOOT INFECTION	Y	-	1/1/2026	Fee Schedule	$872.87
28003	TREATMENT OF FOOT INFECTION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28005	TREAT FOOT BONE LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28008	INCISION OF FOOT FASCIA	Y	-	1/1/2026	Fee Schedule	$1,644.87
28010	INCISION OF TOE TENDON	Y	-	1/1/2026	Fee Schedule	$130.91
28011	INCISION OF TOE TENDONS	Y	-	1/1/2026	Fee Schedule	$872.87
28020	EXPLORATION OF FOOT JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
28022	EXPLORATION OF FOOT JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
28024	EXPLORATION OF TOE JOINT	Y	-	1/1/2026	Fee Schedule	$872.87
28035	DECOMPRESSION OF TIBIA NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y	-	1/1/2026	Fee Schedule	$742.04

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28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y	-	1/1/2026	Fee Schedule	$1,248.36
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y	-	1/1/2026	Fee Schedule	$1,248.36
28050	BIOPSY OF FOOT JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
28052	BIOPSY OF FOOT JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
28054	BIOPSY OF TOE JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
28055	NEURECTOMY FOOT	Y	-	1/1/2026	Fee Schedule	$948.66
28060	PARTIAL REMOVAL FOOT FASCIA	Y	-	1/1/2026	Fee Schedule	$1,644.87
28062	REMOVAL OF FOOT FASCIA	Y	-	1/1/2026	Fee Schedule	$1,644.87
28070	REMOVAL OF FOOT JOINT LINING	Y	-	1/1/2026	Fee Schedule	$3,695.53
28072	REMOVAL OF FOOT JOINT LINING	Y	-	1/1/2026	Fee Schedule	$1,644.87
28080	REMOVAL OF FOOT LESION	Y	-	1/1/2026	Fee Schedule	$872.87
28086	EXCISE FOOT TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	$1,644.87
28088	EXCISE FOOT TENDON SHEATH	Y	-	1/1/2026	Fee Schedule	$1,644.87
28090	REMOVAL OF FOOT LESION	Y	-	1/1/2026	Fee Schedule	$872.87
28092	REMOVAL OF TOE LESIONS	Y	-	1/1/2026	Fee Schedule	$872.87
28100	REMOVAL OF ANKLE/HEEL LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28102	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2026	Fee Schedule	$5,297.25
28103	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2026	Fee Schedule	$4,961.12
28104	REMOVAL OF FOOT LESION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28106	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2026	Fee Schedule	$4,682.29
28107	REMOVE/GRAFT FOOT LESION	Y	-	1/1/2026	Fee Schedule	$3,695.53
28108	REMOVAL OF TOE LESIONS	Y	-	1/1/2026	Fee Schedule	$872.87
28110	PART REMOVAL OF METATARSAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
28111	PART REMOVAL OF METATARSAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
28112	PART REMOVAL OF METATARSAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
28113	PART REMOVAL OF METATARSAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
28114	REMOVAL OF METATARSAL HEADS	Y	-	1/1/2026	Fee Schedule	$1,644.87
28116	REVISION OF FOOT	Y	-	1/1/2026	Fee Schedule	$1,644.87
28118	REMOVAL OF HEEL BONE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28119	REMOVAL OF HEEL SPUR	Y	-	1/1/2026	Fee Schedule	$1,644.87
28120	PART REMOVAL OF ANKLE/HEEL	Y	-	1/1/2026	Fee Schedule	$1,644.87
28122	PARTIAL REMOVAL OF FOOT BONE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28124	PARTIAL REMOVAL OF TOE	Y	-	1/1/2026	Fee Schedule	$297.07
28126	PARTIAL REMOVAL OF TOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28130	REMOVAL OF ANKLE BONE	Y	-	1/1/2026	Fee Schedule	$4,988.50
28140	REMOVAL OF METATARSAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
28150	REMOVAL OF TOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28153	PARTIAL REMOVAL OF TOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28160	PARTIAL REMOVAL OF TOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28171	RESECT TARSAL TUMOR	Y	-	1/1/2026	Fee Schedule	$1,644.87
28173	RESECT METATARSAL TUMOR	Y	-	1/1/2026	Fee Schedule	$1,644.87
28175	RESECT PHALANX OF TOE TUMOR	Y	-	1/1/2026	Fee Schedule	$872.87
28190	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$167.84
28192	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$742.04
28193	REMOVAL OF FOOT FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$742.04
28200	REPAIR OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
28202	REPAIR/GRAFT OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	$4,895.55
28208	REPAIR OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
28210	REPAIR/GRAFT OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	$4,832.53
28220	RELEASE OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	$281.63
28222	RELEASE OF FOOT TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87
28225	RELEASE OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	$1,644.87
28226	RELEASE OF FOOT TENDONS	Y	-	1/1/2026	Fee Schedule	$1,644.87

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28230	INCISION OF FOOT TENDON(S)	Y	-	1/1/2026	Fee Schedule	$275.92
28232	INCISION OF TOE TENDON	Y	-	1/1/2026	Fee Schedule	$250.08
28234	INCISION OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
28238	REVISION OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	$3,695.53
28240	RELEASE OF BIG TOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28250	REVISION OF FOOT FASCIA	Y	-	1/1/2026	Fee Schedule	$1,644.87
28260	RELEASE OF MIDFOOT JOINT	Y	-	1/1/2026	Fee Schedule	$1,644.87
28261	REVISION OF FOOT TENDON	Y	-	1/1/2026	Fee Schedule	$872.87
28262	REVISION OF FOOT AND ANKLE	Y	-	1/1/2026	Fee Schedule	$4,682.29
28264	RELEASE OF MIDFOOT JOINT	Y	-	1/1/2026	Fee Schedule	$872.87
28270	RELEASE OF FOOT CONTRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28272	RELEASE OF TOE JOINT EACH	Y	-	1/1/2026	Fee Schedule	$239.34
28280	FUSION OF TOES	Y	-	1/1/2026	Fee Schedule	$1,644.87
28285	REPAIR OF HAMMERTOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28286	REPAIR OF HAMMERTOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28288	PARTIAL REMOVAL OF FOOT BONE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28289	CORRJ HALUX RIGDUS W/O IMPLT	Y	-	1/1/2026	Fee Schedule	$1,644.87
28291	CORRJ HALUX RIGDUS W/IMPLT	Y	-	1/1/2026	Fee Schedule	$4,970.03
28292	COR HLX VLGS RSC PRX PHLX BS	Y	-	1/1/2026	Fee Schedule	$1,644.87
28295	COR HLX VLGS PRX MTAR OSTEOT	Y	-	1/1/2026	Fee Schedule	$1,644.87
28296	COR HLX VLGS DSTL MTAR OSTEO	Y	-	1/1/2026	Fee Schedule	$1,644.87
28297	COR HLX VLGS JT ARTHRD	Y	-	1/1/2026	Fee Schedule	$10,002.69
28298	COR HLX VLGS PRX PHLX OSTEOT	Y	-	1/1/2026	Fee Schedule	$4,682.29
28299	COR HLX VLGS DOUBLE OSTEOT	Y	-	1/1/2026	Fee Schedule	$4,751.04
28300	INCISION OF HEEL BONE	Y	-	1/1/2026	Fee Schedule	$4,682.29
28302	INCISION OF ANKLE BONE	Y	-	1/1/2026	Fee Schedule	$5,761.02
28304	INCISION OF MIDFOOT BONES	Y	-	1/1/2026	Fee Schedule	$3,695.53
28305	INCISE/GRAFT MIDFOOT BONES	Y	-	1/1/2026	Fee Schedule	$5,952.96
28306	INCISION OF METATARSAL	Y	-	1/1/2026	Fee Schedule	$3,695.53
28307	INCISION OF METATARSAL	Y	-	1/1/2026	Fee Schedule	$3,695.53
28308	INCISION OF METATARSAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
28309	INCISION OF METATARSALS	Y	-	1/1/2026	Fee Schedule	$3,695.53
28310	REVISION OF BIG TOE	Y	-	1/1/2026	Fee Schedule	$3,695.53
28312	REVISION OF TOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28313	REPAIR DEFORMITY OF TOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28315	REMOVAL OF SESAMOID BONE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28320	REPAIR OF FOOT BONES	Y	-	1/1/2026	Fee Schedule	$9,557.85
28322	REPAIR OF METATARSALS	Y	-	1/1/2026	Fee Schedule	$4,734.49
28340	RESECT ENLARGED TOE TISSUE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28341	RESECT ENLARGED TOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28344	REPAIR EXTRA TOE(S)	Y	-	1/1/2026	Fee Schedule	$1,644.87
28345	REPAIR WEBBED TOE(S)	Y	-	1/1/2026	Fee Schedule	$872.87
28360	RECONSTRUCT CLEFT FOOT	Y	-	1/1/2026	Fee Schedule	$4,682.29
28400	CLTX CALCANEAL FX W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
28405	CLTX CALCANEAL FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
28406	PRQ SKEL FIX CLCNL FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$3,695.53
28415	OPTX CALCANEAL FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,871.04
28420	OPTX CALCANEAL FX W/BONE GRF	Y	-	1/1/2026	Fee Schedule	$8,879.17
28430	CLTX TALUS FRACTURE W/O MNPJ	Y	-	1/1/2026	Fee Schedule	$135.54
28435	CLTX TALUS FRACTURE W/MNPJ	Y	-	1/1/2026	Fee Schedule	$872.87
28436	PRQ SKEL FIX TALUS FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$5,135.87
28445	OPTX TALUS FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,701.39
28446	OPN OSTEOCHONDRL AGRFT TALUS	Y	-	1/1/2026	Fee Schedule	$4,775.23
28450	TX TARSAL B1 FX W/O MNPJ EA	Y	-	1/1/2026	Fee Schedule	$135.54

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28455	TX TARSAL B1 FX W/MNPJ EACH	Y	-	1/1/2026	Fee Schedule	$146.69
28456	PRQ SKEL FIX TARSL FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$4,784.78
28465	OPTX TARSAL BONE FX EACH	Y	-	1/1/2026	Fee Schedule	$4,671.46
28470	CLTX METATARSAL FX WO MNP EA	Y	-	1/1/2026	Fee Schedule	$135.54
28475	CLTX METATARSAL FX W/MNPJ EA	Y	-	1/1/2026	Fee Schedule	$135.54
28476	PRQ SKEL FIX METAR FX W/MNPJ	Y	-	1/1/2026	Fee Schedule	$1,644.87
28485	OPTX METATARSAL FX EACH	Y	-	1/1/2026	Fee Schedule	$4,755.18
28490	TREAT BIG TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	$115.47
28495	TREAT BIG TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	$134.94
28496	TREAT BIG TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28505	TREAT BIG TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28510	TREATMENT OF TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	$88.28
28515	TREATMENT OF TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	$118.16
28525	TREAT TOE FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28530	TREAT SESAMOID BONE FRACTURE	Y	-	1/1/2026	Fee Schedule	$83.92
28531	TREAT SESAMOID BONE FRACTURE	Y	-	1/1/2026	Fee Schedule	$4,682.29
28540	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$122.19
28545	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28546	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,173.60
28555	REPAIR FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$5,297.57
28570	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
28575	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28576	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$3,695.53
28585	REPAIR FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$5,290.57
28600	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$119.84
28605	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$135.54
28606	TREAT FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28615	REPAIR FOOT DISLOCATION	Y	-	1/1/2026	Fee Schedule	$4,682.29
28630	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$105.74
28635	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$872.87
28636	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28645	REPAIR TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28660	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$99.70
28665	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$153.62
28666	TREAT TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28675	REPAIR OF TOE DISLOCATION	Y	-	1/1/2026	Fee Schedule	$1,644.87
28705	ARTHRODESIS PANTALAR	Y	-	1/1/2026	Fee Schedule	$13,461.22
28715	ARTHRODESIS TRIPLE	Y	-	1/1/2026	Fee Schedule	$9,510.96
28725	ARTHRODESIS SUBTALAR	Y	-	1/1/2026	Fee Schedule	$9,367.96
28730	FUSION OF FOOT BONES	Y	-	1/1/2026	Fee Schedule	$10,044.89
28735	FUSION OF FOOT BONES	Y	-	1/1/2026	Fee Schedule	$10,232.44
28737	REVISION OF FOOT BONES	Y	-	1/1/2026	Fee Schedule	$9,646.35
28740	FUSION OF FOOT BONES	Y	-	1/1/2026	Fee Schedule	$5,216.09
28750	FUSION OF BIG TOE JOINT	Y	-	1/1/2026	Fee Schedule	$5,187.12
28755	FUSION OF BIG TOE JOINT	Y	-	1/1/2026	Fee Schedule	$3,695.53
28760	FUSION OF BIG TOE JOINT	Y	-	1/1/2026	Fee Schedule	$4,705.52
28800	AMPUTATION OF MIDFOOT	Y	-	1/1/2026	Fee Schedule	$1,644.87
28805	AMPUTATION THRU METATARSAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
28810	AMPUTATION TOE & METATARSAL	Y	-	1/1/2026	Fee Schedule	$1,644.87
28820	AMPUTATION OF TOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28825	PARTIAL AMPUTATION OF TOE	Y	-	1/1/2026	Fee Schedule	$1,644.87
28890	HI ENRGY ESWT PLANTAR FASCIA	Y	-	1/1/2026	Fee Schedule	$182.94
29000	APPL HALO TYPE BODY CAST	Y	-	1/1/2026	Fee Schedule	$153.62
29010	APPL RISSER JACKET BODY ONLY	Y	-	1/1/2026	Fee Schedule	$153.62

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29015	APPL RISSR JACKET BDY W/HEAD	Y	-	1/1/2026	Fee Schedule	$153.62
29035	APPL BODY CAST SHO TO HIPS	Y	-	1/1/2026	Fee Schedule	$153.62
29040	APPL BDY CST SHO TO HIP HEAD	Y	-	1/1/2026	Fee Schedule	$153.62
29044	APPL BDY CST SHO TO HIP 1THI	Y	-	1/1/2026	Fee Schedule	$89.12
29046	APPL BDY CST SHO TO HIP B TH	Y	-	1/1/2026	Fee Schedule	$153.62
29049	APPL CAST FIGURE-OF-EIGHT	Y	-	1/1/2026	Fee Schedule	$78.88
29055	APPL CAST SHOULDER SPICA	Y	-	1/1/2026	Fee Schedule	$153.62
29058	APPL CAST PLASTER VELPEAU	Y	-	1/1/2026	Fee Schedule	$87.28
29065	APPL CST SHO TO HAND LNG ARM	Y	-	1/1/2026	Fee Schedule	$74.52
29075	APPL CST ELBW FNGR SHORT ARM	Y	-	1/1/2026	Fee Schedule	$68.14
29085	APPL CAST HAND&LWR FOREARM	Y	-	1/1/2026	Fee Schedule	$73.51
29086	APPLICATION CAST FINGER	Y	-	1/1/2026	Fee Schedule	$61.09
29105	APPLICATION LONG ARM SPLINT	Y	-	1/1/2026	Fee Schedule	$65.79
29125	APPL SHORT ARM SPLINT STATIC	-	-	7/1/2018	No Separate Payment	$0.00
29126	APPL SHORT ARM SPLINT DYN	-	-	7/1/2018	No Separate Payment	$0.00
29130	APPL FINGER SPLINT STATIC	-	-	7/1/2018	No Separate Payment	$0.00
29131	APPL FINGER SPLINT DYNAMIC	-	-	7/1/2018	No Separate Payment	$0.00
29200	STRAPPING THORAX	Y	-	1/1/2026	Fee Schedule	$18.46
29240	STRAPPING OF SHOULDER	-	-	7/1/2018	No Separate Payment	$0.00
29260	STRAPPING OF ELBOW OR WRIST	-	-	7/1/2018	No Separate Payment	$0.00
29280	STRAPPING OF HAND OR FINGER	-	-	7/1/2018	No Separate Payment	$0.00
29305	APPL HIP SPICA CAST 1 LEG	Y	-	1/1/2026	Fee Schedule	$153.62
29325	APPL HIP SPICA CAST1&1/2	Y	-	1/1/2026	Fee Schedule	$153.62
29345	APPLICATION OF LONG LEG CAST	Y	-	1/1/2026	Fee Schedule	$95.00
29355	APPL LONG LEG CAST WALKER	Y	-	1/1/2026	Fee Schedule	$96.00
29358	APPL LONG LEG CAST BRACE	Y	-	1/1/2026	Fee Schedule	$127.56
29365	APPL CYLINDER CAST	Y	-	1/1/2026	Fee Schedule	$93.32
29405	APPL SHORT LEG CAST	Y	-	1/1/2026	Fee Schedule	$57.74
29425	APPL SHORT LEG CAST WALKING	Y	-	1/1/2026	Fee Schedule	$52.03
29435	APPL PATLLR TDN BEARING CAST	Y	-	1/1/2026	Fee Schedule	$93.65
29440	ADDING WALKER TO PREV CAST	Y	-	1/1/2026	Fee Schedule	$23.83
29445	APPL RIGID TOT CNTC LEG CAST	Y	-	1/1/2026	Fee Schedule	$68.14
29450	APPLICATION CLUBFOOT CAST	Y	-	1/1/2026	Fee Schedule	$71.16
29505	APPLICATION LONG LEG SPLINT	Y	-	1/1/2026	Fee Schedule	$83.25
29515	APPLICATION SHORT LEG SPLINT	Y	-	1/1/2026	Fee Schedule	$55.39
29520	STRAPPING OF HIP	-	-	7/1/2018	No Separate Payment	$0.00
29530	STRAPPING OF KNEE	-	-	7/1/2018	No Separate Payment	$0.00
29540	STRAPPING ANKLE &/FOOT	Y	-	1/1/2026	Fee Schedule	$14.43
29550	STRAPPING OF TOES	-	-	7/1/2018	No Separate Payment	$0.00
29580	STRAPPING UNNA BOOT	Y	-	1/1/2026	Fee Schedule	$42.97
29581	APPL MULTLAYER CMPRN SYS LEG	Y	-	1/1/2026	Fee Schedule	$63.78
29584	APPL MLTLAY CMPRN SYS UP ARM	Y	-	1/1/2026	Fee Schedule	$63.44
29700	RMVL/BIVLV GAUNTLET BOOT/CST	Y	-	1/1/2026	Fee Schedule	$47.67
29705	RMVL/BIVLV FULL ARM/LEG CAST	Y	-	1/1/2026	Fee Schedule	$40.62
29710	RMVL/BIVLV SHO/HIP SPICA	Y	-	1/1/2026	Fee Schedule	$84.25
29720	REPAIR SPICA BODY CST/JACKET	Y	-	1/1/2026	Fee Schedule	$71.83
29730	WINDOWING OF CAST	Y	-	1/1/2026	Fee Schedule	$38.94
29740	WEDGING OF CAST	Y	-	1/1/2026	Fee Schedule	$66.13
29750	WEDGING OF CLUBFOOT CAST	Y	-	1/1/2026	Fee Schedule	$69.15
29800	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2026	Fee Schedule	$1,644.87
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2026	Fee Schedule	$1,644.87
29805	SHO ARTHRS DX +- SYNOVIAL BX	Y	-	1/1/2026	Fee Schedule	$1,644.87
29806	SHO ARTHRS SRG CAPSULORRAPHY	Y	-	1/1/2026	Fee Schedule	$3,695.53
29807	SHO ARTHRS SRG RPR SLAP LES	Y	-	1/1/2026	Fee Schedule	$3,695.53

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29819	SHO ARTHRS SRG RMVL LOOSE/FB	Y	-	1/1/2026	Fee Schedule	$1,644.87
29820	SHO ARTHRS SRG PRTL SYNVCT	Y	-	1/1/2026	Fee Schedule	$3,695.53
29821	SHO ARTHRS SRG COMPL SYNVCT	Y	-	1/1/2026	Fee Schedule	$1,644.87
29822	SHO ARTHRS SRG LMTD DBRDMT	Y	-	1/1/2026	Fee Schedule	$1,644.87
29823	SHO ARTHRS SRG XTNSV DBRDMT	Y	-	1/1/2026	Fee Schedule	$1,644.87
29824	SHO ARTHRS SRG DSTL CLAVICLC	Y	-	1/1/2026	Fee Schedule	$1,644.87
29825	SHO ARTHRS SRG LSS&RESCJ ADS	Y	-	1/1/2026	Fee Schedule	$1,644.87
29826	SHO ARTHRS SRG DECOMPRESSION	-	-	7/1/2018	No Separate Payment	$0.00
29827	SHO ARTHRS SRG RT8TR CUF RPR	Y	-	1/1/2026	Fee Schedule	$3,695.53
29828	SHO ARTHRS SRG BICP TENODSIS	Y	-	1/1/2026	Fee Schedule	$3,695.53
29830	ELBOW ARTHROSCOPY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29834	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29835	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29836	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$3,695.53
29837	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29838	ELBOW ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29840	WRIST ARTHROSCOPY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29843	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29844	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29845	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29846	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29847	WRIST ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$3,695.53
29848	WRIST ENDOSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$872.87
29850	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$872.87
29851	KNEE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$872.87
29855	TIBIAL ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$5,132.37
29856	TIBIAL ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$10,268.18
29860	HIP ARTHROSCOPY DX	Y	-	1/1/2026	Fee Schedule	$3,695.53
29861	HIP ARTHRO W/FB REMOVAL	Y	-	1/1/2026	Fee Schedule	$3,695.53
29862	HIP ARTHR0 W/DEBRIDEMENT	Y	-	1/1/2026	Fee Schedule	$3,695.53
29863	HIP ARTHR0 W/SYNOVECTOMY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y	-	1/1/2026	Fee Schedule	$3,695.53
29867	ALLGRFT IMPLNT KNEE W/SCOPE	Y	-	1/1/2026	Fee Schedule	$8,621.29
29868	MENISCAL TRNSPL KNEE W/SCPE	Y	-	1/1/2026	Fee Schedule	$3,695.53
29870	ARTHRS KNEE DX W/WO SYN BX	Y	-	1/1/2026	Fee Schedule	$1,644.87
29871	ARTHRS KNEE SURG FOR INFCTJ	Y	-	1/1/2026	Fee Schedule	$1,644.87
29873	ARTHRS KNEE SURG W/LAT RLS	Y	-	1/1/2026	Fee Schedule	$1,644.87
29874	ARTHRS KNEE SURG RMV LOOS/FB	Y	-	1/1/2026	Fee Schedule	$1,644.87
29875	ARTHRS KNEE SURG SYNVCT LMTD	Y	-	1/1/2026	Fee Schedule	$1,644.87
29876	ARTHRS KNEE SURG SYNVCT MAJ	Y	-	1/1/2026	Fee Schedule	$1,644.87
29877	ARTHRS KNEE SURG DBRDMT/SHVG	Y	-	1/1/2026	Fee Schedule	$1,644.87
29879	ARTHRS KNE SRG ABRASJ ARTHRP	Y	-	1/1/2026	Fee Schedule	$1,644.87
29880	ARTHRS KNE SRG MNISECTMY M&L	Y	-	1/1/2026	Fee Schedule	$1,644.87
29881	ARTHRS KNE SRG MNISECTMY M/L	Y	-	1/1/2026	Fee Schedule	$1,644.87
29882	ARTHRS KNE SRG MNISC RPR M/L	Y	-	1/1/2026	Fee Schedule	$1,644.87
29883	ARTHRS KNE SRG MNISC RPR M&L	Y	-	1/1/2026	Fee Schedule	$1,644.87
29884	ARTHRS KNEE SURG LYSIS ADS	Y	-	1/1/2026	Fee Schedule	$1,644.87
29885	ARTHRS KNE SRG DRLG OST DISS	Y	-	1/1/2026	Fee Schedule	$4,990.40
29886	ARTHRS KNEE SURG DRLG OD LES	Y	-	1/1/2026	Fee Schedule	$1,644.87
29887	ARTHRS KNEE SRG DRLG OD FIXJ	Y	-	1/1/2026	Fee Schedule	$5,298.84
29888	ARTHRS AID ACL RPR/AGMNTJ	Y	-	1/1/2026	Fee Schedule	$4,817.25
29889	ARTHRS AID PCL RPR/AGMNTJ	Y	-	1/1/2026	Fee Schedule	$9,934.11
29891	ARTHR ANK OSTCHN DF TAL&/TIB	Y	-	1/1/2026	Fee Schedule	$1,644.87
29892	ARTHRS AID RPR OD LES/TIB FX	Y	-	1/1/2026	Fee Schedule	$3,695.53

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29893	ENDOSCOPIC PLANTR FASCIOTOMY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29894	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29895	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29897	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29898	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
29899	ANKLE ARTHROSCOPY/SURGERY	Y	-	1/1/2026	Fee Schedule	$5,100.54
29900	MCP JOINT ARTHROSCOPY DX	Y	-	1/1/2026	Fee Schedule	$1,644.87
29901	MCP JOINT ARTHROSCOPY SURG	Y	-	1/1/2026	Fee Schedule	$1,644.87
29902	MCP JOINT ARTHROSCOPY SURG	Y	-	1/1/2026	Fee Schedule	$872.87
29904	SUBTALAR ARTHRO W/FB RMVL	Y	-	1/1/2026	Fee Schedule	$1,644.87
29905	SUBTALAR ARTHRO W/EXC	Y	-	1/1/2026	Fee Schedule	$3,695.53
29906	SUBTALAR ARTHRO W/DEB	Y	-	1/1/2026	Fee Schedule	$1,644.87
29907	SUBTALAR ARTHRO W/FUSION	Y	-	1/1/2026	Fee Schedule	$9,799.32
29914	HIP ARTHRO W/FEMOROPLASTY	Y	-	1/1/2026	Fee Schedule	$3,695.53
29915	HIP ARTHRO ACETABULOPLASTY	Y	-	1/1/2026	Fee Schedule	$3,695.53
29916	HIP ARTHRO W/LABRAL REPAIR	Y	-	1/1/2026	Fee Schedule	$3,695.53
30000	DRAINAGE OF NOSE LESION	Y	-	1/1/2026	Fee Schedule	$129.50
30020	DRAINAGE OF NOSE LESION	Y	-	1/1/2026	Fee Schedule	$213.15
30100	INTRANASAL BIOPSY	Y	-	1/1/2026	Fee Schedule	$106.74
30110	REMOVAL OF NOSE POLYP(S)	Y	-	1/1/2026	Fee Schedule	$185.29
30115	REMOVAL OF NOSE POLYP(S)	Y	-	1/1/2026	Fee Schedule	$1,480.50
30117	REMOVAL OF INTRANASAL LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
30118	REMOVAL OF INTRANASAL LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
30120	REVISION OF NOSE	Y	-	1/1/2026	Fee Schedule	$1,480.50
30124	REMOVAL OF NOSE LESION	Y	-	1/1/2026	Fee Schedule	$659.17
30125	REMOVAL OF NOSE LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
30130	EXCISE INFERIOR TURBINATE	Y	-	1/1/2026	Fee Schedule	$1,480.50
30140	RESECT INFERIOR TURBINATE	Y	-	1/1/2026	Fee Schedule	$1,480.50
30150	RHINECTOMY PARTIAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
30160	RHINECTOMY TOTAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
30200	INJECTION TREATMENT OF NOSE	Y	-	1/1/2026	Fee Schedule	$82.91
30210	NASAL SINUS THERAPY	Y	-	1/1/2026	Fee Schedule	$114.47
30220	INSERT NASAL SEPTAL BUTTON	Y	-	1/1/2026	Fee Schedule	$659.17
30300	REMOVE NASAL FOREIGN BODY	-	-	7/1/2018	No Separate Payment	$0.00
30310	REMOVE NASAL FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$1,480.50
30320	REMOVE NASAL FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$659.17
30400	RECONSTRUCTION OF NOSE	Y	Y	1/1/2026	Fee Schedule	$3,025.62
30410	RECONSTRUCTION OF NOSE	Y	Y	1/1/2026	Fee Schedule	$3,025.62
30420	RECONSTRUCTION OF NOSE	Y	Y	1/1/2026	Fee Schedule	$3,025.62
30430	REVISION OF NOSE	Y	Y	1/1/2026	Fee Schedule	$3,025.62
30435	REVISION OF NOSE	Y	Y	1/1/2026	Fee Schedule	$3,025.62
30450	REVISION OF NOSE	Y	Y	1/1/2026	Fee Schedule	$3,025.62
30460	REVISION OF NOSE	Y	Y	1/1/2026	Fee Schedule	$3,025.62
30462	REVISION OF NOSE	Y	Y	1/1/2026	Fee Schedule	$3,025.62
30465	REPAIR NASAL STENOSIS	Y	Y	1/1/2026	Fee Schedule	$3,025.62
30468	RPR NSL VLV COLLAPSE W/IMPLT	Y	-	1/1/2026	Fee Schedule	$4,186.87
30469	RPR NSL VLV COLLAPSE W/RMDLG	Y	-	1/1/2026	Fee Schedule	$4,041.19
30520	REPAIR OF NASAL SEPTUM	Y	-	1/1/2026	Fee Schedule	$1,480.50
30540	RPR CHOANAL ATRESIA NTRANASL	Y	-	1/1/2026	Fee Schedule	$3,025.62
30545	RPR CHOANAL ATRESIA TRSNPLTN	Y	-	1/1/2026	Fee Schedule	$3,025.62
30560	LYSIS INTRANASAL SYNECHIA	Y	-	1/1/2026	Fee Schedule	$295.47
30580	REPAIR UPPER JAW FISTULA	Y	-	1/1/2026	Fee Schedule	$3,025.62
30600	REPAIR MOUTH/NOSE FISTULA	Y	-	1/1/2026	Fee Schedule	$3,025.62
30620	INTRANASAL RECONSTRUCTION	Y	-	1/1/2026	Fee Schedule	$3,025.62

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30630	REPAIR NASAL SEPTUM DEFECT	Y	-	1/1/2026	Fee Schedule	$1,480.50
30801	ABLATE INF TURBINATE SUPERF	Y	-	1/1/2026	Fee Schedule	$659.17
30802	ABLATE INF TURBINATE SUBMUC	Y	-	1/1/2026	Fee Schedule	$659.17
30901	CONTROL OF NOSEBLEED	-	-	7/1/2018	No Separate Payment	$0.00
30903	CONTROL OF NOSEBLEED	Y	-	1/1/2026	Fee Schedule	$73.54
30905	CONTROL OF NOSEBLEED	Y	-	1/1/2026	Fee Schedule	$73.54
30906	REPEAT CONTROL OF NOSEBLEED	Y	-	1/1/2026	Fee Schedule	$129.50
30915	LIGATION NASAL SINUS ARTERY	Y	-	1/1/2026	Fee Schedule	$1,623.69
30920	LIGATION UPPER JAW ARTERY	Y	-	1/1/2026	Fee Schedule	$1,623.69
30930	THER FX NASAL INF TURBINATE	Y	-	1/1/2026	Fee Schedule	$1,480.50
31000	IRRIGATION MAXILLARY SINUS	Y	-	1/1/2026	Fee Schedule	$129.50
31002	IRRIGATION SPHENOID SINUS	Y	-	1/1/2026	Fee Schedule	$659.17
31020	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2026	Fee Schedule	$1,480.50
31030	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2026	Fee Schedule	$3,025.62
31032	EXPLORE SINUS REMOVE POLYPS	Y	-	1/1/2026	Fee Schedule	$3,025.62
31040	EXPLORATION BEHIND UPPER JAW	Y	-	1/1/2026	Fee Schedule	$3,025.62
31050	EXPLORATION SPHENOID SINUS	Y	-	1/1/2026	Fee Schedule	$3,025.62
31051	SPHENOID SINUS SURGERY	Y	-	1/1/2026	Fee Schedule	$3,025.62
31070	EXPLORATION OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	$3,025.62
31075	EXPLORATION OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	$3,025.62
31080	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	$3,025.62
31081	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	$3,025.62
31084	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	$3,833.49
31085	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	$3,938.51
31086	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	$3,025.62
31087	REMOVAL OF FRONTAL SINUS	Y	-	1/1/2026	Fee Schedule	$4,294.24
31090	EXPLORATION OF SINUSES	Y	-	1/1/2026	Fee Schedule	$3,025.62
31200	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2026	Fee Schedule	$3,025.62
31201	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2026	Fee Schedule	$659.17
31205	REMOVAL OF ETHMOID SINUS	Y	-	1/1/2026	Fee Schedule	$1,480.50
31231	NASAL ENDOSCOPY DX	Y	-	1/1/2026	Fee Schedule	$109.73
31233	NSL/SINS NDSC DX MAX SINUSC	Y	-	1/1/2026	Fee Schedule	$214.82
31235	NSL/SINS NDSC DX SPHN SINUSC	Y	-	1/1/2026	Fee Schedule	$843.77
31237	NSL/SINS NDSC SURG BX POLYPC	Y	-	1/1/2026	Fee Schedule	$843.77
31238	NSL/SINS NDSC SRG NSL HEMRRG	Y	-	1/1/2026	Fee Schedule	$843.77
31239	NSL/SINUS ENDOSCOPY SURG DCR	Y	-	1/1/2026	Fee Schedule	$1,696.42
31240	NSL/SNS NDSC CNCH BULL RESCJ	Y	-	1/1/2026	Fee Schedule	$843.77
31241	NSL/SNS NDSC LIG SPHNPTN ART	Y	-	1/1/2026	Fee Schedule	$843.77
31242	NSL/SINUS NDSC RF ABLTJ PNN	Y	-	1/1/2026	Fee Schedule	$4,114.68
31243	NSL/SINUS NDSC CRYOABLTJ PNN	Y	-	1/1/2026	Fee Schedule	$4,104.26
31253	NSL/SINS NDSC TOTAL	Y	-	1/1/2026	Fee Schedule	$2,451.02
31254	NSL/SINS NDSC W/PRTL ETHMDCT	Y	-	1/1/2026	Fee Schedule	$2,451.02
31255	NSL/SINS NDSC W/TOT ETHMDCT	Y	-	1/1/2026	Fee Schedule	$2,451.02
31256	EXPLORATION MAXILLARY SINUS	Y	-	1/1/2026	Fee Schedule	$1,696.42
31257	NSL/SINS NDSC TOT W/SPHENDT	Y	-	1/1/2026	Fee Schedule	$2,451.02
31259	NSL/SINS NDSC SPHN TISS RMVL	Y	-	1/1/2026	Fee Schedule	$2,451.02
31267	ENDOSCOPY MAXILLARY SINUS	Y	-	1/1/2026	Fee Schedule	$2,451.02
31276	NSL/SINS NDSC FRNT TISS RMVL	Y	-	1/1/2026	Fee Schedule	$2,451.02
31287	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2026	Fee Schedule	$2,451.02
31288	NASAL/SINUS ENDOSCOPY SURG	Y	-	1/1/2026	Fee Schedule	$2,451.02
31292	NSL/SINS NDSC MED/INF DCMPRN	Y	-	1/1/2026	Fee Schedule	$2,451.02
31293	NSL/SINS NDSC MED&INF DCMPRN	Y	-	1/1/2026	Fee Schedule	$2,451.02
31294	NSL/SINS NDSC SURG ON DCMPRN	Y	-	1/1/2026	Fee Schedule	$2,451.02
31295	NSL/SINS NDSC SURG MAX SINS	Y	-	1/1/2026	Fee Schedule	$3,105.48

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31296	NSL/SINS NDSC SURG FRNT SINS	Y	-	1/1/2026	Fee Schedule	$1,496.44
31297	NSL/SINS NDSC SURG SPHN SINS	Y	-	1/1/2026	Fee Schedule	$3,112.87
31298	NSL/SINS NDSC SURG FRNT&SPHN	Y	-	1/1/2026	Fee Schedule	$2,451.02
31300	REMOVAL OF LARYNX LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
31400	REVISION OF LARYNX	Y	-	1/1/2026	Fee Schedule	$3,025.62
31420	EPIGLOTTIDECTOMY	Y	-	1/1/2026	Fee Schedule	$3,025.62
31500	INSERT EMERGENCY AIRWAY	Y	-	1/1/2026	Fee Schedule	$129.50
31502	CHANGE OF WINDPIPE AIRWAY	Y	-	1/1/2026	Fee Schedule	$129.50
31505	DIAGNOSTIC LARYNGOSCOPY	Y	-	1/1/2026	Fee Schedule	$66.80
31510	LARYNGOSCOPY WITH BIOPSY	Y	-	1/1/2026	Fee Schedule	$1,696.42
31511	REMOVE FOREIGN BODY LARYNX	Y	-	1/1/2026	Fee Schedule	$109.73
31512	REMOVAL OF LARYNX LESION	Y	-	1/1/2026	Fee Schedule	$1,696.42
31513	INJECTION INTO VOCAL CORD	Y	-	1/1/2026	Fee Schedule	$214.82
31515	LARYNGOSCOPY FOR ASPIRATION	Y	-	1/1/2026	Fee Schedule	$214.82
31520	DX LARYNGOSCOPY NEWBORN	Y	-	1/1/2026	Fee Schedule	$214.82
31525	DX LARYNGOSCOPY EXCL NB	Y	-	1/1/2026	Fee Schedule	$843.77
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y	-	1/1/2026	Fee Schedule	$843.77
31527	LARYNGOSCOPY FOR TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,696.42
31528	LARYNGOSCOPY AND DILATION	Y	-	1/1/2026	Fee Schedule	$1,696.42
31529	LARYNGOSCOPY AND DILATION	Y	-	1/1/2026	Fee Schedule	$1,696.42
31530	LARYNGOSCOPY W/FB REMOVAL	Y	-	1/1/2026	Fee Schedule	$843.77
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y	-	1/1/2026	Fee Schedule	$1,696.42
31535	LARYNGOSCOPY W/BIOPSY	Y	-	1/1/2026	Fee Schedule	$1,696.42
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y	-	1/1/2026	Fee Schedule	$1,696.42
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y	-	1/1/2026	Fee Schedule	$1,696.42
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y	-	1/1/2026	Fee Schedule	$1,696.42
31545	REMOVE VC LESION W/SCOPE	Y	-	1/1/2026	Fee Schedule	$1,696.42
31546	REMOVE VC LESION SCOPE/GRAFT	Y	-	1/1/2026	Fee Schedule	$2,451.02
31551	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2026	Fee Schedule	$3,025.62
31552	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2026	Fee Schedule	$3,025.62
31553	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2026	Fee Schedule	$3,025.62
31554	LARYNGOPLASTY LARYNGEAL STEN	Y	-	1/1/2026	Fee Schedule	$3,025.62
31560	LARYNGOSCOP W/ARYTENOIDECTOM	Y	-	1/1/2026	Fee Schedule	$2,451.02
31561	LARYNSCOP REMVE CART + SCOP	Y	-	1/1/2026	Fee Schedule	$2,451.02
31570	LARYNGOSCOPE W/VC INJ	Y	-	1/1/2026	Fee Schedule	$1,696.42
31571	LARYNGOSCOP W/VC INJ + SCOPE	Y	-	1/1/2026	Fee Schedule	$1,696.42
31572	LARGSC W/LASER DSTRJ LES	Y	-	1/1/2026	Fee Schedule	$1,696.42
31573	LARGSC W/THER INJECTION	Y	-	1/1/2026	Fee Schedule	$197.04
31574	LARGSC W/NJX AUGMENTATION	Y	-	1/1/2026	Fee Schedule	$815.02
31575	DIAGNOSTIC LARYNGOSCOPY	Y	-	1/1/2026	Fee Schedule	$92.65
31576	LARYNGOSCOPY WITH BIOPSY	Y	-	1/1/2026	Fee Schedule	$843.77
31577	LARGSC W/RMVL FOREIGN BDY(S)	Y	-	1/1/2026	Fee Schedule	$214.82
31578	LARGSC W/REMOVAL LESION	Y	-	1/1/2026	Fee Schedule	$1,696.42
31579	LARYNGOSCOPY TELESCOPIC	Y	-	1/1/2026	Fee Schedule	$126.55
31580	LARYNGOPLASTY LARYNGEAL WEB	Y	-	1/1/2026	Fee Schedule	$3,025.62
31584	LARYNGOPLASTY FX RDCTJ FIXJ	Y	-	1/1/2026	Fee Schedule	$3,025.62
31587	LARYNGOPLASTY CRICOID SPLIT	Y	-	1/1/2026	Fee Schedule	$3,025.62
31590	REINNERVATE LARYNX	Y	-	1/1/2026	Fee Schedule	$3,025.62
31591	LARYNGOPLASTY MEDIALIZATION	Y	-	1/1/2026	Fee Schedule	$3,025.62
31592	CRICOTRACHEAL RESECTION	Y	-	1/1/2026	Fee Schedule	$3,025.62
31600	PLANNED TRACHEOSTOMY	Y	-	1/1/2026	Fee Schedule	$1,480.50
31601	PLANNED TRACHEOSTOMY<2 YRS	Y	-	1/1/2026	Fee Schedule	$3,025.62
31603	EMER TRACHEOSTOMY TTRACH	Y	-	1/1/2026	Fee Schedule	$659.17
31605	EMER TRACHEOSTOMY CTHYR MEM	Y	-	1/1/2026	Fee Schedule	$129.50

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31610	TRACHEOSTOMY FENEST SKIN FLP	Y	-	1/1/2026	Fee Schedule	$3,025.62
31611	CONSTJ TRACHESOPHGL FSTL	Y	-	1/1/2026	Fee Schedule	$1,480.50
31612	PERQ TRCHL PNXR TTRACH ASPIR	Y	-	1/1/2026	Fee Schedule	$1,480.50
31613	TRACHEOSTOMA REVJ SIMPLE	Y	-	1/1/2026	Fee Schedule	$1,480.50
31614	TRACHEOSTOMA REVJ COMPLEX	Y	-	1/1/2026	Fee Schedule	$3,025.62
31615	TRCHEOBRNCHSC EST TRACHS INC	Y	-	1/1/2026	Fee Schedule	$295.47
31622	DX BRONCHOSCOPE/WASH	Y	-	1/1/2026	Fee Schedule	$843.77
31623	DX BRONCHOSCOPE/BRUSH	Y	-	1/1/2026	Fee Schedule	$843.77
31624	DX BRONCHOSCOPE/LAVAGE	Y	-	1/1/2026	Fee Schedule	$843.77
31625	BRONCHOSCOPY W/BIOPSY(S)	Y	-	1/1/2026	Fee Schedule	$843.77
31626	BRONCHOSCOPY W/MARKERS	Y	-	1/1/2026	Fee Schedule	$2,451.02
31627	NAVIGATIONAL BRONCHOSCOPY	-	-	7/1/2018	No Separate Payment	$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y	-	1/1/2026	Fee Schedule	$1,696.42
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y	-	1/1/2026	Fee Schedule	$1,696.42
31630	BRONCHOSCOPY DILATE/FX REPR	Y	-	1/1/2026	Fee Schedule	$1,696.42
31631	BRONCHOSCOPY DILATE W/STENT	Y	-	1/1/2026	Fee Schedule	$2,451.02
31632	BRONCHOSCOPY/LUNG BX ADDL	-	-	7/1/2018	No Separate Payment	$0.00
31633	BRONCHOSCOPY/NEEDLE BX ADDL	-	-	7/1/2018	No Separate Payment	$0.00
31634	BRONCH W/BALLOON OCCLUSION	Y	-	1/1/2026	Fee Schedule	$2,451.02
31635	BRONCHOSCOPY W/FB REMOVAL	Y	-	1/1/2026	Fee Schedule	$843.77
31636	BRONCHOSCOPY BRONCH STENTS	Y	-	1/1/2026	Fee Schedule	$3,505.54
31637	BRONCHOSCOPY STENT ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
31638	BRONCHOSCOPY REVISE STENT	Y	-	1/1/2026	Fee Schedule	$2,451.02
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y	-	1/1/2026	Fee Schedule	$1,696.42
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y	-	1/1/2026	Fee Schedule	$1,696.42
31643	DIAG BRONCHOSCOPE/CATHETER	Y	-	1/1/2026	Fee Schedule	$843.77
31645	BRNCHSC W/THER ASPIR 1ST	Y	-	1/1/2026	Fee Schedule	$843.77
31646	BRNCHSC W/THER ASPIR SBSQ	Y	-	1/1/2026	Fee Schedule	$214.82
31647	BRONCHIAL VALVE INIT INSERT	Y	-	1/1/2026	Fee Schedule	$3,144.96
31648	BRONCHIAL VALVE REMOV INIT	Y	-	1/1/2026	Fee Schedule	$1,696.42
31649	BRONCHIAL VALVE REMOV ADDL	-	-	1/1/2026	Fee Schedule	$843.77
31651	BRONCHIAL VALVE ADDL INSERT	-	-	7/1/2018	No Separate Payment	$0.00
31652	BRONCH EBUS SAMPLNG 1/2 NODE	Y	-	1/1/2026	Fee Schedule	$1,696.42
31653	BRONCH EBUS SAMPLNG 3/> NODE	Y	-	1/1/2026	Fee Schedule	$1,696.42
31654	BRONCH EBUS IVNTJ PERPH LES	-	-	7/1/2018	No Separate Payment	$0.00
31660	BRONCH THERMOPLSTY 1 LOBE	Y	-	1/1/2026	Fee Schedule	$3,842.69
31661	BRONCH THERMOPLSTY 2/> LOBES	Y	-	1/1/2026	Fee Schedule	$3,513.98
31717	BRONCHIAL BRUSH BIOPSY	Y	-	1/1/2026	Fee Schedule	$214.82
31720	CLEARANCE OF AIRWAYS	-	-	7/1/2018	No Separate Payment	$0.00
31730	INTRO WINDPIPE WIRE/TUBE	Y	-	1/1/2026	Fee Schedule	$843.77
31750	TRACHEOPLASTY CERVICAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
31755	TRACHPLSTY TRCHPHRYNGL FSTLJ	Y	-	1/1/2026	Fee Schedule	$3,025.62
31785	REMOVE WINDPIPE LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
31820	CLOSURE OF WINDPIPE LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
31825	REPAIR OF WINDPIPE DEFECT	Y	-	1/1/2026	Fee Schedule	$1,480.50
31830	REVISE WINDPIPE SCAR	Y	-	1/1/2026	Fee Schedule	$1,480.50
32400	NEEDLE BIOPSY CHEST LINING	Y	-	1/1/2026	Fee Schedule	$742.04
32408	CORE NDL BX LNG/MED PERQ	Y	-	1/1/2026	Fee Schedule	$742.04
32550	INSERT PLEURAL CATH	Y	-	1/1/2026	Fee Schedule	$2,270.65
32551	INSERTION OF CHEST TUBE	Y	-	1/1/2026	Fee Schedule	$649.99
32552	REMOVE LUNG CATHETER	-	-	1/1/2026	Fee Schedule	$344.58
32553	INS MARK THOR FOR RT PERQ	-	-	4/1/2026	Fee Schedule	$758.79
32554	ASPIRATE PLEURA W/O IMAGING	Y	-	1/1/2026	Fee Schedule	$344.58
32555	ASPIRATE PLEURA W/ IMAGING	Y	-	1/1/2026	Fee Schedule	$344.58

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32556	INSERT CATH PLEURA W/O IMAGE	Y	-	1/1/2026	Fee Schedule	$894.33
32557	INSERT CATH PLEURA W/ IMAGE	Y	-	1/1/2026	Fee Schedule	$649.99
32560	TREAT PLEURODESIS W/AGENT	Y	-	1/1/2026	Fee Schedule	$344.58
32561	LYSE CHEST FIBRIN INIT DAY	Y	-	1/1/2026	Fee Schedule	$344.58
32562	LYSE CHEST FIBRIN SUBQ DAY	Y	-	1/1/2026	Fee Schedule	$344.58
32601	THORACOSCOPY DIAGNOSTIC	Y	-	1/1/2026	Fee Schedule	$3,030.97
32604	THORACOSCOPY WBX SAC	Y	-	1/1/2026	Fee Schedule	$5,120.50
32606	THORACOSCOPY W/BX MED SPACE	Y	-	1/1/2026	Fee Schedule	$3,030.97
32607	THORACOSCOPY W/BX INFILTRATE	Y	-	1/1/2026	Fee Schedule	$5,120.50
32608	THORACOSCOPY W/BX NODULE	Y	-	1/1/2026	Fee Schedule	$5,120.50
32609	THORACOSCOPY W/BX PLEURA	Y	-	1/1/2026	Fee Schedule	$3,030.97
32960	THERAPEUTIC PNEUMOTHORAX	Y	-	1/1/2026	Fee Schedule	$344.58
32994	ABLATE PULM TUMOR PERQ CRYBL	Y	-	1/1/2026	Fee Schedule	$7,343.81
32998	ABLATE PULM TUMOR PERQ RF	Y	-	1/1/2026	Fee Schedule	$3,030.97
33016	PERICARDIOCENTESIS W/IMAGING	Y	-	1/1/2026	Fee Schedule	$649.99
33206	INSERT HEART PM ATRIAL	Y	-	1/1/2026	Fee Schedule	$7,284.42
33207	INSERT HEART PM VENTRICULAR	Y	-	1/1/2026	Fee Schedule	$7,564.81
33208	INSRT HEART PM ATRIAL & VENT	Y	-	1/1/2026	Fee Schedule	$7,739.22
33210	INSERT ELECTRD/PM CATH SNGL	Y	-	1/1/2026	Fee Schedule	$4,483.27
33211	INSERT CARD ELECTRODES DUAL	Y	-	1/1/2026	Fee Schedule	$7,611.14
33212	INSERT PULSE GEN SNGL LEAD	Y	-	1/1/2026	Fee Schedule	$6,654.63
33213	INSERT PULSE GEN DUAL LEADS	Y	-	1/1/2026	Fee Schedule	$7,681.08
33214	UPGRADE OF PACEMAKER SYSTEM	Y	-	1/1/2026	Fee Schedule	$7,636.36
33215	REPOSITION PACING-DEFIB LEAD	Y	-	1/1/2026	Fee Schedule	$1,623.69
33216	INSERT 1 ELECTRODE PM-DEFIB	Y	-	1/1/2026	Fee Schedule	$5,909.35
33217	INSERT 2 ELECTRODE PM-DEFIB	Y	-	1/1/2026	Fee Schedule	$6,499.01
33218	REPAIR LEAD PACE-DEFIB ONE	Y	-	1/1/2026	Fee Schedule	$2,092.20
33220	REPAIR LEAD PACE-DEFIB DUAL	Y	-	1/1/2026	Fee Schedule	$2,650.84
33221	INSERT PULSE GEN MULT LEADS	Y	-	1/1/2026	Fee Schedule	$13,015.77
33222	RELOCATION POCKET PACEMAKER	Y	-	1/1/2026	Fee Schedule	$1,128.57
33223	RELOCATE POCKET FOR DEFIB	Y	-	1/1/2026	Fee Schedule	$1,128.57
33224	INSERT PACING LEAD & CONNECT	Y	-	1/1/2026	Fee Schedule	$7,698.52
33225	L VENTRIC PACING LEAD ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
33226	REPOSITION L VENTRIC LEAD	Y	-	1/1/2026	Fee Schedule	$2,155.69
33227	REMOVE&REPLACE PM GEN SINGL	Y	-	1/1/2026	Fee Schedule	$6,435.68
33228	REMV&REPLC PM GEN DUAL LEAD	Y	-	1/1/2026	Fee Schedule	$7,554.08
33229	REMV&REPLC PM GEN MULT LEADS	Y	-	1/1/2026	Fee Schedule	$13,527.51
33230	INSRT PULSE GEN W/DUAL LEADS	Y	-	1/1/2026	Fee Schedule	$18,931.58
33231	INSRT PULSE GEN W/MULT LEADS	Y	-	1/1/2026	Fee Schedule	$25,478.10
33233	REMOVAL OF PM GENERATOR	-	-	4/1/2026	Fee Schedule	$4,483.27
33234	REMOVAL OF PACEMAKER SYSTEM	-	-	1/1/2026	Fee Schedule	$2,092.20
33235	REMOVAL PACEMAKER ELECTRODE	-	-	1/1/2026	Fee Schedule	$2,092.20
33240	INSRT PULSE GEN W/SINGL LEAD	Y	-	1/1/2026	Fee Schedule	$18,580.78
33241	REMOVE PULSE GENERATOR	-	-	1/1/2026	Fee Schedule	$2,092.20
33244	REMOVE ELCTRD TRANSVENOUSLY	-	-	4/1/2026	Fee Schedule	$2,092.20
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Y	-	1/1/2026	Fee Schedule	$24,775.72
33262	RMVL& REPLC PULSE GEN 1 LEAD	Y	-	1/1/2026	Fee Schedule	$18,921.20
33263	RMVL & RPLCMT DFB GEN 2 LEAD	Y	-	1/1/2026	Fee Schedule	$18,962.72
33264	RMVL & RPLCMT DFB GEN MLT LD	Y	-	1/1/2026	Fee Schedule	$24,919.93
33270	INS/REP SUBQ DEFIBRILLATOR	Y	-	1/1/2026	Fee Schedule	$25,174.98
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	Y	-	1/1/2026	Fee Schedule	$7,821.60
33272	RMVL OF SUBQ DEFIBRILLATOR	-	-	4/1/2026	Fee Schedule	$2,092.20
33273	REPOS PREV IMPLTBL SUBQ DFB	Y	-	1/1/2026	Fee Schedule	$2,092.20
33274	TCAT INSJ/RPL PERM LDLS PM	Y	-	1/1/2026	Fee Schedule	$14,222.18

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33275	TCAT RMVL PERM LDLS PM W/IMG	Y	-	1/1/2026	Fee Schedule	$2,548.82
33276	INSJ PHRNC NRV STIM SYS	-	-	1/1/2026	Fee Schedule	$39,223.94
33277	INSJ PHRNC NRV STIM TRANSVNS	-	-	1/1/2024	No Separate Payment	$0.00
33278	RMVL PHRNC NRV STIM SYS	Y	-	1/1/2026	Fee Schedule	$2,003.41
33279	RMVL PHRNC NRV STIM TRANSVNS	Y	-	1/1/2026	Fee Schedule	$2,538.35
33280	RMVL PHRNC NRV STIM PG ONLY	Y	-	1/1/2026	Fee Schedule	$2,003.41
33281	REPOSG PHRNC NRV STIM TRNSVN	Y	-	1/1/2026	Fee Schedule	$2,003.41
33285	INSJ SUBQ CAR RHYTHM MNTR	Y	-	1/1/2026	Fee Schedule	$7,175.95
33286	RMVL SUBQ CAR RHYTHM MNTR	-	-	1/1/2026	Fee Schedule	$388.55
33287	RMV&RPLCMT PHRNC NRV STIM PG	Y	-	1/1/2026	Fee Schedule	$27,008.77
33288	RMV&RPLCMT PHRNC NRV STIM LD	Y	-	1/1/2026	Fee Schedule	$9,608.02
33289	TCAT IMPL WRLS P-ART PRS SNR	Y	-	1/1/2026	Fee Schedule	$26,145.18
33419	REPAIR TCAT MITRAL VALVE	-	-	7/1/2018	No Separate Payment	$0.00
33508	ENDOSCOPIC VEIN HARVEST	-	-	7/1/2018	No Separate Payment	$0.00
33866	AORTIC HEMIARCH GRAFT	-	-	1/1/2019	No Separate Payment	$0.00
33882	EVASC RPR TA DPLMT MLTPC SYS	-	-	1/1/2026	Not Allowed	$0.00
33900	PERQ P-ART REVSC 1 NM NT UNI	Y	-	1/1/2026	Fee Schedule	$7,438.31
33901	PERQ P-ART REVSC 1 NM NT BI	Y	-	1/1/2026	Fee Schedule	$5,419.44
33902	PERQ P-ART REVSC 1 ABNOR UNI	Y	-	1/1/2026	Fee Schedule	$11,682.42
33903	PERQ P-ART REVSC 1 ABNOR BI	Y	-	1/1/2026	Fee Schedule	$8,569.81
33927	IMPLTJ TOT RPLCMT HRT SYS	-	-	7/1/2018	Not Allowed	$0.00
34101	REMOVAL OF ARTERY CLOT	Y	-	1/1/2026	Fee Schedule	$3,187.37
34111	REMOVAL OF ARM ARTERY CLOT	Y	-	1/1/2026	Fee Schedule	$3,187.37
34201	REMOVAL OF ARTERY CLOT	Y	-	1/1/2026	Fee Schedule	$4,038.44
34203	REMOVAL OF LEG ARTERY CLOT	Y	-	1/1/2026	Fee Schedule	$4,038.44
34421	REMOVAL OF VEIN CLOT	Y	-	1/1/2026	Fee Schedule	$2,575.39
34471	REMOVAL OF VEIN CLOT	Y	-	1/1/2026	Fee Schedule	$344.58
34490	REMOVAL OF VEIN CLOT	Y	-	1/1/2026	Fee Schedule	$1,623.69
34501	REPAIR VALVE FEMORAL VEIN	Y	-	1/1/2026	Fee Schedule	$3,187.37
34510	TRANSPOSITION OF VEIN VALVE	Y	-	1/1/2026	Fee Schedule	$3,187.37
34520	CROSS-OVER VEIN GRAFT	Y	-	1/1/2026	Fee Schedule	$3,187.37
34530	LEG VEIN FUSION	Y	-	1/1/2026	Fee Schedule	$1,623.69
34713	PERQ ACCESS & CLSR FEM ART	-	-	7/1/2018	No Separate Payment	$0.00
34714	OPN FEM ART EXPOS CNDT CRTJ	-	-	7/1/2018	No Separate Payment	$0.00
34715	OPN AX/SUBCLA ART EXPOS	-	-	7/1/2018	No Separate Payment	$0.00
34716	OPN AX/SUBCLA ART EXPOS CNDT	-	-	7/1/2018	No Separate Payment	$0.00
35011	REPAIR DEFECT OF ARTERY	Y	-	1/1/2026	Fee Schedule	$3,187.37
35045	REPAIR DEFECT OF ARM ARTERY	Y	-	1/1/2026	Fee Schedule	$3,187.37
35180	RPR CGEN AV FISTULA HEAD&NCK	Y	-	1/1/2026	Fee Schedule	$649.99
35184	RPR CGEN AV FISTULA XTR	Y	-	1/1/2026	Fee Schedule	$1,623.69
35188	RPR ACQ AV FISTULA HEAD&NECK	Y	-	1/1/2026	Fee Schedule	$3,187.37
35190	REPAIR ACQ AV FISTULA XTR	Y	-	1/1/2026	Fee Schedule	$3,187.37
35201	REPAIR BLOOD VESSEL DIR NECK	Y	-	1/1/2026	Fee Schedule	$3,187.37
35206	REPAIR BLOOD VESSEL DIR UXTR	Y	-	1/1/2026	Fee Schedule	$1,623.69
35207	RPR BLD VSL DIR HAND FINGER	Y	-	1/1/2026	Fee Schedule	$1,623.69
35226	REPAIR BLOOD VESSEL DIR LXTR	Y	-	1/1/2026	Fee Schedule	$388.55
35231	REPAIR BLVSL VN GRF NECK	Y	-	1/1/2026	Fee Schedule	$1,623.69
35236	REPAIR BLVSL VN GRF UXTR	Y	-	1/1/2026	Fee Schedule	$3,187.37
35256	REPAIR BLVSL VN GRF LXTR	Y	-	1/1/2026	Fee Schedule	$3,187.37
35261	RPR BLVSL GRF OTH/THN VN NCK	Y	-	1/1/2026	Fee Schedule	$1,623.69
35266	RPR BLVSL GRF OTH/TH VN UXTR	Y	-	1/1/2026	Fee Schedule	$3,187.37
35286	RPR BLVSL GRF OTH/TH VN LXTR	Y	-	1/1/2026	Fee Schedule	$3,187.37
35321	RECHANNELING OF ARTERY	Y	-	1/1/2026	Fee Schedule	$3,187.37
35372	RECHANNELING OF ARTERY	Y	-	1/1/2026	Fee Schedule	$4,200.97

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35572	HARVEST FEMOROPOPLITEAL VEIN	-	-	7/1/2018	No Separate Payment	$0.00
35602	BPG CRTD-CLAT CRTD	-	-	1/1/2026	Not Allowed	$0.00
35800	EXPLORE NECK VESSELS	Y	-	1/1/2026	Fee Schedule	$3,187.37
35860	EXPLORE LIMB VESSELS	Y	-	1/1/2026	Fee Schedule	$1,623.69
35875	REMOVAL OF CLOT IN GRAFT	Y	-	1/1/2026	Fee Schedule	$3,187.37
35876	REMOVAL OF CLOT IN GRAFT	Y	-	1/1/2026	Fee Schedule	$3,187.37
35879	REVISE GRAFT W/VEIN	Y	-	1/1/2026	Fee Schedule	$3,187.37
35881	REVISE GRAFT W/VEIN	Y	-	1/1/2026	Fee Schedule	$4,038.44
35883	REVJ FEM ANAST NONAUTOG GRF	Y	-	1/1/2026	Fee Schedule	$3,187.37
35884	REVJ FEM ANAST AUTOG VN GRF	Y	-	1/1/2026	Fee Schedule	$3,187.37
35903	EXCISION GRAFT EXTREMITY	Y	-	1/1/2026	Fee Schedule	$1,623.69
36000	PLACE NEEDLE IN VEIN	-	-	7/1/2018	No Separate Payment	$0.00
36002	PSEUDOANEURYSM INJECTION TRT	Y	-	1/1/2026	Fee Schedule	$344.58
36005	INJECTION EXT VENOGRAPHY	-	-	7/1/2018	No Separate Payment	$0.00
36010	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	$0.00
36011	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	$0.00
36012	PLACE CATHETER IN VEIN	-	-	7/1/2018	No Separate Payment	$0.00
36013	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	$0.00
36014	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	$0.00
36015	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	$0.00
36100	ESTABLISH ACCESS TO ARTERY	-	-	7/1/2018	No Separate Payment	$0.00
36140	INTRO NDL ICATH UPR/LXTR ART	-	-	7/1/2018	No Separate Payment	$0.00
36160	ESTABLISH ACCESS TO AORTA	-	-	7/1/2018	No Separate Payment	$0.00
36200	PLACE CATHETER IN AORTA	-	-	7/1/2018	No Separate Payment	$0.00
36215	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	$0.00
36216	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	$0.00
36217	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	$0.00
36218	PLACE CATHETER IN ARTERY	-	-	7/1/2018	No Separate Payment	$0.00
36221	PLACE CATH THORACIC AORTA	-	-	7/1/2018	No Separate Payment	$0.00
36222	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	$0.00
36223	PLACE CATH CAROTID/INOM ART	-	-	7/1/2018	No Separate Payment	$0.00
36224	PLACE CATH CAROTD ART	-	-	7/1/2018	No Separate Payment	$0.00
36225	PLACE CATH SUBCLAVIAN ART	-	-	7/1/2018	No Separate Payment	$0.00
36226	PLACE CATH VERTEBRAL ART	-	-	7/1/2018	No Separate Payment	$0.00
36227	PLACE CATH XTRNL CAROTID	-	-	7/1/2018	No Separate Payment	$0.00
36228	PLACE CATH INTRACRANIAL ART	-	-	7/1/2018	No Separate Payment	$0.00
36245	INS CATH ABD/L-EXT ART 1ST	-	-	7/1/2018	No Separate Payment	$0.00
36246	INS CATH ABD/L-EXT ART 2ND	-	-	7/1/2018	No Separate Payment	$0.00
36247	INS CATH ABD/L-EXT ART 3RD	-	-	7/1/2018	No Separate Payment	$0.00
36248	INS CATH ABD/L-EXT ART ADDL	-	-	7/1/2018	No Separate Payment	$0.00
36251	INS CATH REN ART 1ST UNILAT	-	-	7/1/2018	No Separate Payment	$0.00
36252	INS CATH REN ART 1ST BILAT	-	-	7/1/2018	No Separate Payment	$0.00
36253	INS CATH REN ART 2ND+ UNILAT	-	-	7/1/2018	No Separate Payment	$0.00
36254	INS CATH REN ART 2ND+ BILAT	-	-	7/1/2018	No Separate Payment	$0.00
36260	INSERTION OF INFUSION PUMP	Y	-	1/1/2026	Fee Schedule	$4,038.44
36261	REVISION OF INFUSION PUMP	Y	-	1/1/2026	Fee Schedule	$2,923.68
36262	REMOVAL OF INFUSION PUMP	-	-	1/1/2026	Fee Schedule	$2,092.20
36400	VNPNXR<3YRS PHY/QHP FEM/JUG	-	-	7/1/2018	No Separate Payment	$0.00
36405	VNPNXR<3YRS PHY/QHP SCALP VN	-	-	7/1/2018	No Separate Payment	$0.00
36406	VNPNXR<3YRS PHY/QHP OTHER VN	-	-	7/1/2018	No Separate Payment	$0.00
36410	VNPNXR 3YR/> PHY/QHP DX/THER	-	-	7/1/2018	No Separate Payment	$0.00
36415	COLL VENOUS BLD VENIPUNCTURE	-	-	7/1/2018	No Separate Payment	$0.00
36416	COLLJ CAPILLARY BLOOD SPEC	-	-	7/1/2018	No Separate Payment	$0.00
36420	VENIPUNCTURE CUTDOWN < 1 YR	-	-	7/1/2018	No Separate Payment	$0.00

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36425	VENIPUNCTURE CUTDOWN 1 YR/>	-	-	7/1/2018	No Separate Payment	$0.00
36430	TRANSFUSION BLD/BLD COMPNT	-	-	1/1/2026	Fee Schedule	$46.66
36440	BLD PUSH TFUJ 2 YR/<	-	-	1/1/2026	Fee Schedule	$244.40
36450	BLD EXCHANGE TRUJ NEWBORN	-	-	1/1/2026	Fee Schedule	$244.40
36455	BLD EXCHANGE TRUJ OTH THN NB	-	-	1/1/2026	Fee Schedule	$244.40
36460	INTRAUTERINE TRANSFUSION FTL	-	-	4/1/2026	Fee Schedule	$244.40
36465	NJX NONCMPND SCLRSNT 1 VEIN	Y	-	1/1/2026	Fee Schedule	$1,128.57
36466	NJX NONCMPND SCLRSNT MLT VN	Y	-	1/1/2026	Fee Schedule	$1,128.57
36468	NJX SCLRSNT SPIDER VEINS	-	-	7/1/2018	Not Allowed	$0.00
36469	INJECTION(S) SPIDER VEINS	-	-	7/1/2018	Not Allowed	$0.00
36470	NJX SCLRSNT 1 INCMPTNT VEIN	Y	-	1/1/2026	Fee Schedule	$91.97
36471	NJX SCLRSNT MLT INCMPTNT VN	Y	-	1/1/2026	Fee Schedule	$147.36
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Y	-	1/1/2026	Fee Schedule	$1,040.93
36474	ENDOVENOUS MCHNCHEM ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
36475	ENDOVENOUS RF 1ST VEIN	Y	-	1/1/2026	Fee Schedule	$1,623.69
36476	ENDOVENOUS RF VEIN ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
36478	ENDOVENOUS LASER 1ST VEIN	Y	-	1/1/2026	Fee Schedule	$1,623.69
36479	ENDOVENOUS LASER VEIN ADDON	-	-	7/1/2018	No Separate Payment	$0.00
36481	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	$0.00
36482	ENDOVEN THER CHEM ADHES 1ST	Y	-	1/1/2026	Fee Schedule	$1,527.32
36483	ENDOVEN THER CHEM ADHES SBSQ	-	-	7/1/2018	No Separate Payment	$0.00
36500	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	$0.00
36510	INSERTION OF CATHETER VEIN	-	-	7/1/2018	No Separate Payment	$0.00
36511	APHERESIS WBC	-	-	1/1/2026	Fee Schedule	$854.76
36512	APHERESIS RBC	-	-	1/1/2026	Fee Schedule	$854.76
36513	APHERESIS PLATELETS	-	-	1/1/2026	Fee Schedule	$244.40
36514	APHERESIS PLASMA	-	-	1/1/2026	Fee Schedule	$854.76
36516	APHERESIS IMMUNOADS SLCTV	-	-	1/1/2026	Fee Schedule	$2,178.20
36522	PHOTOPHERESIS	-	-	1/1/2026	Fee Schedule	$2,389.95
36555	INSERT NON-TUNNEL CV CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36556	INSERT NON-TUNNEL CV CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36557	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$3,187.37
36558	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36560	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36561	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36563	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$3,187.37
36565	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36566	INSERT TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$3,187.37
36568	INSJ PICC <5 YR W/O IMAGING	Y	-	1/1/2026	Fee Schedule	$649.99
36569	INSJ PICC 5 YR+ W/O IMAGING	Y	-	1/1/2026	Fee Schedule	$649.99
36570	INSERT PICVAD CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36571	INSERT PICVAD CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36572	INSJ PICC RS&I <5 YR	Y	-	1/1/2026	Fee Schedule	$344.58
36573	INSJ PICC RS&I 5 YR+	Y	-	1/1/2026	Fee Schedule	$649.99
36575	REPAIR TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$344.58
36576	REPAIR TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$649.99
36578	REPLACE TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36580	REPLACE CVAD CATH	Y	-	1/1/2026	Fee Schedule	$649.99
36581	REPLACE TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$2,060.31
36582	REPLACE TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36583	REPLACE TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$5,148.67
36584	COMPL RPLCMT PICC RS&I	Y	-	1/1/2026	Fee Schedule	$649.99
36585	REPLACE PICVAD CATH	Y	-	1/1/2026	Fee Schedule	$1,623.69
36589	REMOVAL TUNNELED CV CATH	-	-	1/1/2026	Fee Schedule	$344.58

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
36590	REMOVAL TUNNELED CV CATH	-	-	1/1/2026	Fee Schedule	$649.99
36591	DRAW BLOOD OFF VENOUS DEVICE	-	-	7/1/2018	No Separate Payment	$0.00
36592	COLLECT BLOOD FROM PICC	-	-	7/1/2018	No Separate Payment	$0.00
36593	DECLOT VASCULAR DEVICE	Y	-	1/1/2026	Fee Schedule	$37.60
36595	MECH REMOV TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$451.82
36596	MECH REMOV TUNNELED CV CATH	Y	-	1/1/2026	Fee Schedule	$649.99
36597	REPOSITION VENOUS CATHETER	Y	-	1/1/2026	Fee Schedule	$649.99
36598	INJ W/FLUOR EVAL CV DEVICE	Y	-	1/1/2026	Fee Schedule	$90.30
36600	WITHDRAWAL OF ARTERIAL BLOOD	-	-	7/1/2018	No Separate Payment	$0.00
36620	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	$0.00
36625	INSERTION CATHETER ARTERY	-	-	7/1/2018	No Separate Payment	$0.00
36640	INSERTION CATHETER ARTERY	Y	-	1/1/2026	Fee Schedule	$2,057.24
36680	INSERT NEEDLE BONE CAVITY	-	-	7/1/2018	No Separate Payment	$0.00
36800	INSERTION OF CANNULA	Y	-	1/1/2026	Fee Schedule	$3,187.37
36810	INSERTION OF CANNULA	Y	-	1/1/2026	Fee Schedule	$2,066.46
36815	INSERTION OF CANNULA	Y	-	1/1/2026	Fee Schedule	$3,187.37
36818	AV FUSE UPPR ARM CEPHALIC	Y	-	1/1/2026	Fee Schedule	$3,187.37
36819	AV FUSE UPPR ARM BASILIC	Y	-	1/1/2026	Fee Schedule	$3,187.37
36820	AV FUSION/FOREARM VEIN	Y	-	1/1/2026	Fee Schedule	$3,187.37
36821	AV FUSION DIRECT ANY SITE	Y	-	1/1/2026	Fee Schedule	$1,623.69
36825	ARTERY-VEIN AUTOGRAFT	Y	-	1/1/2026	Fee Schedule	$3,187.37
36830	ARTERY-VEIN NONAUTOGRAFT	Y	-	1/1/2026	Fee Schedule	$3,187.37
36831	OPEN THROMBECT AV FISTULA	Y	-	1/1/2026	Fee Schedule	$3,187.37
36832	AV FISTULA REVISION OPEN	Y	-	1/1/2026	Fee Schedule	$3,187.37
36833	AV FISTULA REVISION	Y	-	1/1/2026	Fee Schedule	$3,187.37
36835	INSERTION THOMAS SHUNT	Y	-	1/1/2026	Fee Schedule	$2,324.91
36836	PRQ AV FSTL CRTJ UXTR 1 ACS	Y	-	1/1/2026	Fee Schedule	$12,112.36
36837	PRQ AV FSTL CRT UXTR SEP ACS	Y	-	1/1/2026	Fee Schedule	$11,158.50
36838	DIST REVAS LIGATION HEMO	Y	-	1/1/2026	Fee Schedule	$3,187.37
36860	EXTERNAL CANNULA DECLOTTING	Y	-	1/1/2026	Fee Schedule	$649.99
36861	CANNULA DECLOTTING	Y	-	1/1/2026	Fee Schedule	$3,187.37
36901	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	$562.93
36902	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	$2,727.30
36903	INTRO CATH DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	$7,799.14
36904	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	$3,621.37
36905	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	$6,894.50
36906	THRMBC/NFS DIALYSIS CIRCUIT	Y	-	1/1/2026	Fee Schedule	$12,364.70
36907	BALO ANGIOP CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	$0.00
36908	STENT PLMT CTR DIALYSIS SEG	-	-	7/1/2018	No Separate Payment	$0.00
36909	DIALYSIS CIRCUIT EMBOLJ	-	-	7/1/2018	No Separate Payment	$0.00
37182	INSERT HEPATIC SHUNT (TIPS)	Y	-	1/1/2026	Fee Schedule	$13,283.78
37183	REVISION TIPS	Y	-	1/1/2026	Fee Schedule	$3,548.55
37184	PRIM ART M-THRMBC 1ST VSL	Y	-	1/1/2026	Fee Schedule	$12,458.68
37185	PRIM ART M-THRMBC SBSQ VSL	-	-	7/1/2018	No Separate Payment	$0.00
37186	SEC ART THROMBECTOMY ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
37187	VENOUS MECH THROMBECTOMY	Y	-	1/1/2026	Fee Schedule	$8,411.10
37188	VEN MECHNL THRMBC REPEAT TX	Y	-	1/1/2026	Fee Schedule	$2,722.52
37191	INS ENDOVAS VENA CAVA FILTR	Y	-	1/1/2026	Fee Schedule	$4,362.40
37192	REDO ENDOVAS VENA CAVA FILTR	Y	-	1/1/2026	Fee Schedule	$2,210.93
37193	REM ENDOVAS VENA CAVA FILTER	Y	-	1/1/2026	Fee Schedule	$1,623.69
37195	THROMBOLYTIC THERAPY STROKE	Y	-	1/1/2026	Fee Schedule	$181.36
37197	REMOVE INTRVAS FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$1,623.69
37200	TRANSCATHETER BIOPSY	Y	-	1/1/2026	Fee Schedule	$3,187.37
37211	THROMBOLYTIC ART THERAPY	Y	-	1/1/2026	Fee Schedule	$4,419.77

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37212	THROMBOLYTIC VENOUS THERAPY	Y	-	1/1/2026	Fee Schedule	$2,088.70
37213	THROMBLYTIC ART/VEN THERAPY	Y	-	1/1/2026	Fee Schedule	$1,623.69
37214	CESSJ THERAPY CATH REMOVAL	Y	-	1/1/2026	Fee Schedule	$1,623.69
37236	OPEN/PERQ PLACE STENT 1ST	Y	-	1/1/2026	Fee Schedule	$7,532.13
37237	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	$0.00
37238	OPEN/PERQ PLACE STENT SAME	Y	-	1/1/2026	Fee Schedule	$7,561.54
37239	OPEN/PERQ PLACE STENT EA ADD	-	-	7/1/2018	No Separate Payment	$0.00
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Y	-	1/1/2026	Fee Schedule	$6,866.49
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Y	-	1/1/2026	Fee Schedule	$11,449.32
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Y	-	1/1/2026	Fee Schedule	$5,419.44
37244	VASC EMBOLIZE/OCCLUDE BLEED	Y	-	1/1/2026	Fee Schedule	$6,866.49
37246	TRLUML BALO ANGIOP 1ST ART	Y	-	1/1/2026	Fee Schedule	$3,616.67
37247	TRLUML BALO ANGIOP ADDL ART	-	-	7/1/2018	No Separate Payment	$0.00
37248	TRLUML BALO ANGIOP 1ST VEIN	Y	-	1/1/2026	Fee Schedule	$3,499.22
37249	TRLUML BALO ANGIOP ADDL VEIN	-	-	7/1/2018	No Separate Payment	$0.00
37252	INTRVASC US NONCORONARY 1ST	-	-	7/1/2018	No Separate Payment	$0.00
37253	INTRVASC US NONCORONARY ADDL	-	-	7/1/2018	No Separate Payment	$0.00
37254	REVSC EVASC IVT ANGIO SF 1ST	Y	-	1/1/2026	Fee Schedule	$3,587.07
37255	REVSC EVASC IVT ANGIO SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37256	REVSC EVASC IVT ANGIO CPLX 1	Y	-	1/1/2026	Fee Schedule	$3,587.07
37257	REVSC EVSC IVT ANGIO CPLX EA	-	-	1/1/2026	No Separate Payment	$0.00
37258	REVSC EVASC IVT STENT SF 1ST	Y	-	1/1/2026	Fee Schedule	$7,665.17
37259	REVSC EVASC IVT STENT SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37260	REVSC EVASC IVT ST CPLX 1ST	Y	-	1/1/2026	Fee Schedule	$7,665.17
37261	REVSC EVASC IVT ST CPLX EA	-	-	1/1/2026	No Separate Payment	$0.00
37262	IV LITHOTRP IVT W/IN SM ART	-	-	1/1/2026	No Separate Payment	$0.00
37263	REVSC EVASC FPVT ANGIO SF 1	Y	-	1/1/2026	Fee Schedule	$3,795.67
37264	REVSC EVASC FPVT ANGIO SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37265	REVSC EVSC FPVT ANGIO CPLX 1	Y	-	1/1/2026	Fee Schedule	$3,795.67
37266	RVSC EVSC FPVT ANGIO CPLX EA	-	-	1/1/2026	No Separate Payment	$0.00
37267	REVSC EVSC FPVT STENT SF 1ST	Y	-	1/1/2026	Fee Schedule	$8,065.68
37268	REVSC EVASC FPVT STENT SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37269	REVSC EVASC FPVT ST CPLX 1ST	Y	-	1/1/2026	Fee Schedule	$8,065.68
37270	REVSC EVASC FPVT ST CPLX EA	-	-	1/1/2026	No Separate Payment	$0.00
37271	REVSC EVSC FPVT ATHRC SF 1ST	Y	-	1/1/2026	Fee Schedule	$13,099.53
37272	REVSC EVSC FPVT ATHRC SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37273	REVSC EVSC FPVT ATHRC CPLX 1	Y	-	1/1/2026	Fee Schedule	$13,099.53
37274	RVSC EVSC FPVT ATHRC CPLX EA	-	-	1/1/2026	No Separate Payment	$0.00
37275	RVSC EVSC FPVT ST ATHRC SF 1	Y	-	1/1/2026	Fee Schedule	$13,205.35
37276	RVSC EVSC FPVT ST ATHR SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37277	RVSC EVSC FPVT ST ATHR CPX 1	Y	-	1/1/2026	Fee Schedule	$13,205.35
37278	RVSC EVSC FPVT ST ATH CPX EA	-	-	1/1/2026	No Separate Payment	$0.00
37279	IV LITHOTRP FPVT W/IN SM ART	-	-	1/1/2026	No Separate Payment	$0.00
37280	REVSC EVSC TPVT ANGIO SF 1ST	Y	-	1/1/2026	Fee Schedule	$7,077.95
37281	REVSC EVSC TPVT ANGIO SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37282	RVSC EVSC TPVT ANGIO CPLX 1	Y	-	1/1/2026	Fee Schedule	$7,077.95
37283	RVSC EVSC TPVT ANGIO CPLX EA	-	-	1/1/2026	No Separate Payment	$0.00
37284	REVSC EVASC TPVT ST SF 1ST	Y	-	1/1/2026	Fee Schedule	$12,207.08
37285	REVSC EVASC TPVT ST SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37286	REVSC EVASC TPVT ST CPLX 1ST	Y	-	1/1/2026	Fee Schedule	$12,207.08
37287	REVSC EVASC TPVT ST CPLX EA	-	-	1/1/2026	No Separate Payment	$0.00
37288	REVSC EVSC TPVT ATHRC SF 1ST	Y	-	1/1/2026	Fee Schedule	$12,372.84
37289	REVSC EVSC TPVT ATHRC SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37290	REVSC EVSC TPVT ATHRC CPLX 1	Y	-	1/1/2026	Fee Schedule	$12,372.84

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37291	REVSC EVSC TPVT ATHR CPLX EA	-	-	1/1/2026	No Separate Payment	$0.00
37292	RVSC EVSC TPVT ST ATHRC SF 1	Y	-	1/1/2026	Fee Schedule	$12,901.21
37293	RVSC EVSC TPVT ST ATHR SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37294	RVSC EVSC TPVT ST ATHR CPX 1	Y	-	1/1/2026	Fee Schedule	$12,901.21
37295	RVSC EVSC TPVT ST ATH CPX EA	-	-	1/1/2026	No Separate Payment	$0.00
37296	REVSC EVASC IMVT ANGIO SF 1	Y	-	1/1/2026	Fee Schedule	$7,077.95
37297	REVSC EVASC IMVT ANGIO SF EA	-	-	1/1/2026	No Separate Payment	$0.00
37298	REVSC EVSC IMVT ANGIO CPLX 1	Y	-	1/1/2026	Fee Schedule	$7,077.95
37299	REVSC EVSC IMVT ANGIO CPX EA	-	-	1/1/2026	No Separate Payment	$0.00
37565	LIGATION INT JUGULAR VEIN	Y	-	1/1/2026	Fee Schedule	$1,623.69
37600	LIGATION XTRNL CAROTID ART	Y	-	1/1/2026	Fee Schedule	$1,623.69
37605	LIGATION INT/COM CAROTID ART	Y	-	1/1/2026	Fee Schedule	$1,623.69
37606	LIG INT/COM CAROTID ART OCCL	Y	-	1/1/2026	Fee Schedule	$1,623.69
37607	LIG/BANDING ANGIOACS AV FSTL	Y	-	1/1/2026	Fee Schedule	$1,623.69
37609	LIGATION/BX TEMPORAL ARTERY	Y	-	1/1/2026	Fee Schedule	$742.04
37615	LIGATION MAJOR ARTERY NECK	Y	-	1/1/2026	Fee Schedule	$1,623.69
37617	LIGATION MAJOR ARTERY ABD	Y	-	1/1/2026	Fee Schedule	$3,187.37
37619	LIGATION OF INF VENA CAVA	Y	-	1/1/2026	Fee Schedule	$3,187.37
37650	LIGATION OF FEMORAL VEIN	Y	-	1/1/2026	Fee Schedule	$1,623.69
37700	LIGATION&DIV LONG SAPH VEIN	Y	-	1/1/2026	Fee Schedule	$1,623.69
37718	LIG DIV&STRPG SHORT SAPH VN	Y	-	1/1/2026	Fee Schedule	$1,623.69
37722	LIG DIV&STRPG LONG SAPH VEIN	Y	-	1/1/2026	Fee Schedule	$1,623.69
37735	LIG&DIV&COMPL STRPG SAPH VN	Y	-	1/1/2026	Fee Schedule	$1,623.69
37760	LIG PRFRATR VN RADICAL 1 LEG	Y	-	1/1/2026	Fee Schedule	$1,623.69
37761	LIGATE LEG VEINS OPEN	Y	-	1/1/2026	Fee Schedule	$1,623.69
37765	STAB PHLEB VEINS XTR 10-20	Y	-	1/1/2026	Fee Schedule	$222.89
37766	PHLEB VEINS - EXTREM 20+	Y	-	1/1/2026	Fee Schedule	$252.76
37780	REVISION OF LEG VEIN	Y	-	1/1/2026	Fee Schedule	$1,623.69
37785	LIGATE/DIVIDE/EXCISE VEIN	Y	-	1/1/2026	Fee Schedule	$1,623.69
37790	PENILE VENOUS OCCLUSION	Y	-	1/1/2026	Fee Schedule	$1,723.02
38120	LAPAROSCOPY SPLENECTOMY	Y	-	1/1/2026	Fee Schedule	$5,120.50
38200	INJECTION FOR SPLEEN X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
38204	BL DONOR SEARCH MANAGEMENT	-	-	7/1/2018	No Separate Payment	$0.00
38205	HARVEST ALLOGENEIC STEM CELL	-	-	7/1/2018	Not Allowed	$0.00
38206	HARVEST AUTO STEM CELLS	-	Y	1/1/2026	Fee Schedule	$854.76
38207	CRYOPRESERVE STEM CELLS	-	-	1/1/2026	Fee Schedule	$244.40
38208	THAW PRESERVED STEM CELLS	-	-	1/1/2026	Fee Schedule	$244.40
38209	WASH HARVEST STEM CELLS	-	-	1/1/2026	Fee Schedule	$244.40
38210	T-CELL DEPLETION OF HARVEST	-	-	4/1/2026	Fee Schedule	$244.40
38211	TUMOR CELL DEPLETE OF HARVST	-	-	4/1/2026	Fee Schedule	$244.40
38212	RBC DEPLETION OF HARVEST	-	-	4/1/2026	Fee Schedule	$244.40
38213	PLATELET DEPLETE OF HARVEST	-	-	4/1/2026	Fee Schedule	$244.40
38214	VOLUME DEPLETE OF HARVEST	-	-	4/1/2026	Fee Schedule	$244.40
38215	HARVEST STEM CELL CONCENTRTE	-	-	1/1/2026	Fee Schedule	$244.40
38220	DX BONE MARROW ASPIRATIONS	Y	-	1/1/2026	Fee Schedule	$126.55
38221	DX BONE MARROW BIOPSIES	Y	-	1/1/2026	Fee Schedule	$122.52
38222	DX BONE MARROW BX & ASPIR	Y	-	1/1/2026	Fee Schedule	$1,248.36
38230	BONE MARROW HARVEST ALLOGEN	-	Y	1/1/2026	Fee Schedule	$854.76
38232	BONE MARROW HARVEST AUTOLOG	-	-	1/1/2026	Fee Schedule	$2,389.95
38240	TRANSPLT ALLO HCT/DONOR	Y	-	1/1/2026	Fee Schedule	$13,892.33
38241	TRANSPLT AUTOL HCT/DONOR	-	Y	1/1/2026	Fee Schedule	$854.76
38242	TRANSPLT ALLO LYMPHOCYTES	-	Y	1/1/2026	Fee Schedule	$854.76
38243	TRANSPLJ HEMATOPOIETIC BOOST	-	-	1/1/2026	Fee Schedule	$854.76
38300	DRAINAGE LYMPH NODE LESION	Y	-	1/1/2026	Fee Schedule	$1,248.36

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38305	DRAINAGE LYMPH NODE LESION	Y	-	1/1/2026	Fee Schedule	$1,248.36
38308	INCISION OF LYMPH CHANNELS	Y	-	1/1/2026	Fee Schedule	$1,603.18
38500	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2026	Fee Schedule	$1,603.18
38505	NEEDLE BIOPSY LYMPH NODES	Y	-	1/1/2026	Fee Schedule	$742.04
38510	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2026	Fee Schedule	$1,603.18
38520	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2026	Fee Schedule	$1,603.18
38525	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2026	Fee Schedule	$1,603.18
38530	BIOPSY/REMOVAL LYMPH NODES	Y	-	1/1/2026	Fee Schedule	$1,603.18
38531	OPEN BX/EXC INGUINOFEM NODES	Y	-	1/1/2026	Fee Schedule	$1,603.18
38542	EXPLORE DEEP NODE(S) NECK	Y	-	1/1/2026	Fee Schedule	$3,030.97
38550	REMOVAL NECK/ARMPIT LESION	Y	-	1/1/2026	Fee Schedule	$1,603.18
38555	REMOVAL NECK/ARMPIT LESION	Y	-	1/1/2026	Fee Schedule	$2,848.20
38562	REMOVAL PELVIC LYMPH NODES	Y	-	1/1/2026	Fee Schedule	$3,171.50
38570	LAPAROSCOPY LYMPH NODE BIOP	Y	-	1/1/2026	Fee Schedule	$3,030.97
38571	LAPAROSCOPY LYMPHADENECTOMY	Y	-	1/1/2026	Fee Schedule	$5,120.50
38572	LAPAROSCOPY LYMPHADENECTOMY	Y	-	1/1/2026	Fee Schedule	$5,120.50
38573	LAPS PELVIC LYMPHADEC	Y	-	1/1/2026	Fee Schedule	$5,120.50
38700	REMOVAL OF LYMPH NODES NECK	Y	-	1/1/2026	Fee Schedule	$2,848.20
38720	REMOVAL OF LYMPH NODES NECK	Y	-	1/1/2026	Fee Schedule	$2,848.20
38740	REMOVE ARMPIT LYMPH NODES	Y	-	1/1/2026	Fee Schedule	$3,030.97
38745	REMOVE ARMPIT LYMPH NODES	Y	-	1/1/2026	Fee Schedule	$3,030.97
38760	REMOVE GROIN LYMPH NODES	Y	-	1/1/2026	Fee Schedule	$2,848.20
38790	INJECT FOR LYMPHATIC X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
38792	RA TRACER ID OF SENTINL NODE	-	-	7/1/2018	No Separate Payment	$0.00
38794	ACCESS THORACIC LYMPH DUCT	-	-	7/1/2018	No Separate Payment	$0.00
38900	IO MAP OF SENT LYMPH NODE	-	-	7/1/2018	No Separate Payment	$0.00
39401	MEDIASTINOSCPY W/MEDSTNL BX	Y	-	1/1/2026	Fee Schedule	$3,030.97
39402	MEDIASTINOSCPY W/LMPH NOD BX	Y	-	1/1/2026	Fee Schedule	$3,030.97
40490	BIOPSY OF LIP	Y	-	1/1/2026	Fee Schedule	$76.87
40500	PARTIAL EXCISION OF LIP	Y	-	1/1/2026	Fee Schedule	$1,480.50
40510	PARTIAL EXCISION OF LIP	Y	-	1/1/2026	Fee Schedule	$1,480.50
40520	PARTIAL EXCISION OF LIP	Y	-	1/1/2026	Fee Schedule	$1,480.50
40525	RECONSTRUCT LIP WITH FLAP	Y	-	1/1/2026	Fee Schedule	$1,480.50
40527	RECONSTRUCT LIP WITH FLAP	Y	-	1/1/2026	Fee Schedule	$3,025.62
40530	PARTIAL REMOVAL OF LIP	Y	-	1/1/2026	Fee Schedule	$1,480.50
40650	RPR LIP FTH VERMILION ONLY	Y	-	1/1/2026	Fee Schedule	$295.47
40652	RPR LIP FTH<HALF VER HEIGHT	Y	-	1/1/2026	Fee Schedule	$295.47
40654	RPR LIP FTH>1HALF VER HT/CPX	Y	-	1/1/2026	Fee Schedule	$659.17
40700	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
40701	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
40702	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
40720	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2026	Fee Schedule	$1,480.50
40761	REPAIR CLEFT LIP/NASAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
40800	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$165.15
40801	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$295.47
40804	REMOVAL FOREIGN BODY MOUTH	-	-	7/1/2018	No Separate Payment	$0.00
40805	REMOVAL FOREIGN BODY MOUTH	Y	-	1/1/2026	Fee Schedule	$191.67
40806	INCISION OF LIP FOLD	Y	-	1/1/2026	Fee Schedule	$89.63
40808	BIOPSY OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$129.91
40810	EXCISION OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$166.49
40812	EXCISE/REPAIR MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$195.36
40814	EXCISE/REPAIR MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
40816	EXCISION OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y	-	1/1/2026	Fee Schedule	$295.47

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
40819	EXCISE LIP OR CHEEK FOLD	Y	-	1/1/2026	Fee Schedule	$659.17
40820	TREATMENT OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$204.43
40830	REPAIR MOUTH LACERATION	Y	-	1/1/2026	Fee Schedule	$129.50
40831	REPAIR MOUTH LACERATION	Y	-	1/1/2026	Fee Schedule	$295.47
40840	RECONSTRUCTION OF MOUTH	Y	-	1/1/2026	Fee Schedule	$3,025.62
40842	RECONSTRUCTION OF MOUTH	Y	-	1/1/2026	Fee Schedule	$3,025.62
40843	RECONSTRUCTION OF MOUTH	Y	-	1/1/2026	Fee Schedule	$3,025.62
40844	RECONSTRUCTION OF MOUTH	Y	-	1/1/2026	Fee Schedule	$3,025.62
40845	RECONSTRUCTION OF MOUTH	Y	-	1/1/2026	Fee Schedule	$3,025.62
41000	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$110.10
41005	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$129.50
41006	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$659.17
41007	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$659.17
41008	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
41009	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$295.47
41010	INCISION OF TONGUE FOLD	Y	-	1/1/2026	Fee Schedule	$659.17
41015	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$295.47
41016	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
41017	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
41018	DRAINAGE OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$659.17
41019	PLACE NEEDLES H&N FOR RT	Y	-	1/1/2026	Fee Schedule	$3,025.62
41100	BIOPSY OF TONGUE	Y	-	1/1/2026	Fee Schedule	$136.28
41105	BIOPSY OF TONGUE	Y	-	1/1/2026	Fee Schedule	$135.95
41108	BIOPSY OF FLOOR OF MOUTH	Y	-	1/1/2026	Fee Schedule	$129.91
41110	EXCISION OF TONGUE LESION	Y	-	1/1/2026	Fee Schedule	$169.85
41112	EXCISION OF TONGUE LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
41113	EXCISION OF TONGUE LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
41114	EXCISION OF TONGUE LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
41115	EXCISION OF TONGUE FOLD	Y	-	1/1/2026	Fee Schedule	$189.99
41116	EXCISION OF MOUTH LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
41120	PARTIAL REMOVAL OF TONGUE	Y	-	1/1/2026	Fee Schedule	$3,025.62
41250	REPAIR TONGUE LACERATION	-	-	7/1/2018	No Separate Payment	$0.00
41251	REPAIR TONGUE LACERATION	Y	-	1/1/2026	Fee Schedule	$129.50
41252	REPAIR TONGUE LACERATION	Y	-	1/1/2026	Fee Schedule	$129.50
41510	TONGUE TO LIP SURGERY	Y	-	1/1/2026	Fee Schedule	$1,480.50
41512	TONGUE SUSPENSION	Y	-	1/1/2026	Fee Schedule	$3,833.49
41520	RECONSTRUCTION TONGUE FOLD	Y	-	1/1/2026	Fee Schedule	$1,480.50
41530	TONGUE BASE VOL REDUCTION	Y	-	1/1/2026	Fee Schedule	$794.21
41800	DRAINAGE OF GUM LESION	-	-	7/1/2018	No Separate Payment	$0.00
41805	REMOVAL FOREIGN BODY GUM	Y	-	1/1/2026	Fee Schedule	$270.55
41806	REMOVAL FOREIGN BODY JAWBONE	Y	-	1/1/2026	Fee Schedule	$323.59
41820	EXCISION GUM EACH QUADRANT	Y	-	1/1/2026	Fee Schedule	$1,480.50
41821	EXCISION OF GUM FLAP	Y	-	1/1/2026	Fee Schedule	$659.17
41822	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	$290.69
41823	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	$431.34
41825	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	$164.48
41826	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	$213.15
41827	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
41828	EXCISION OF GUM LESION	Y	-	1/1/2026	Fee Schedule	$259.81
41830	REMOVAL OF GUM TISSUE	Y	-	1/1/2026	Fee Schedule	$373.61
41850	TREATMENT OF GUM LESION	Y	-	1/1/2026	Fee Schedule	$659.17
41870	PERIODONTAL MUCOSAL GRAFTING	Y	-	1/1/2026	Fee Schedule	$659.17
41872	GINGIVOPLASTY EACH QUADRANT	Y	-	1/1/2026	Fee Schedule	$399.79
41874	ALVEOLOPLASTY EACH QUADRANT	Y	-	1/1/2026	Fee Schedule	$274.25

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42000	DRAINAGE MOUTH ROOF LESION	Y	-	1/1/2026	Fee Schedule	$129.50
42100	BIOPSY ROOF OF MOUTH	Y	-	1/1/2026	Fee Schedule	$100.03
42104	EXCISION LESION MOUTH ROOF	Y	-	1/1/2026	Fee Schedule	$156.76
42106	EXCISION LESION MOUTH ROOF	Y	-	1/1/2026	Fee Schedule	$183.28
42107	EXCISION LESION MOUTH ROOF	Y	-	1/1/2026	Fee Schedule	$3,025.62
42120	REMOVE PALATE/LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
42140	EXCISION OF UVULA	Y	-	1/1/2026	Fee Schedule	$1,480.50
42145	REPAIR PALATE PHARYNX/UVULA	Y	-	1/1/2026	Fee Schedule	$3,025.62
42160	TREATMENT MOUTH ROOF LESION	Y	-	1/1/2026	Fee Schedule	$165.82
42180	REPAIR LAC PALATE<2 CM	Y	-	1/1/2026	Fee Schedule	$295.47
42182	REPAIR PALATE	Y	-	1/1/2026	Fee Schedule	$3,025.62
42200	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	$3,025.62
42205	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	$1,480.50
42210	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	$3,025.62
42215	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	$3,025.62
42220	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	$3,025.62
42225	RECONSTRUCT CLEFT PALATE	Y	-	1/1/2026	Fee Schedule	$3,025.62
42226	LENGTHENING OF PALATE	Y	-	1/1/2026	Fee Schedule	$3,025.62
42227	LENGTHENING OF PALATE	Y	-	1/1/2026	Fee Schedule	$3,025.62
42235	REPAIR PALATE	Y	-	1/1/2026	Fee Schedule	$3,025.62
42260	REPAIR NOSE TO LIP FISTULA	Y	-	1/1/2026	Fee Schedule	$3,025.62
42280	PREPARATION PALATE MOLD	Y	-	1/1/2026	Fee Schedule	$126.55
42281	INSERTION PALATE PROSTHESIS	Y	-	1/1/2026	Fee Schedule	$3,025.62
42300	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	$659.17
42305	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	$1,480.50
42310	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	$295.47
42320	DRAINAGE OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	$295.47
42330	REMOVAL OF SALIVARY STONE	Y	-	1/1/2026	Fee Schedule	$154.07
42335	REMOVAL OF SALIVARY STONE	Y	-	1/1/2026	Fee Schedule	$303.11
42340	REMOVAL OF SALIVARY STONE	Y	-	1/1/2026	Fee Schedule	$1,480.50
42400	BIOPSY OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	$67.14
42405	BIOPSY OF SALIVARY GLAND	Y	-	1/1/2026	Fee Schedule	$659.17
42408	EXCISION OF SALIVARY CYST	Y	-	1/1/2026	Fee Schedule	$1,480.50
42409	DRAINAGE OF SALIVARY CYST	Y	-	1/1/2026	Fee Schedule	$1,480.50
42410	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
42415	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
42420	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
42425	EXCISE PAROTID GLAND/LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
42440	EXCISE SUBMAXILLARY GLAND	Y	-	1/1/2026	Fee Schedule	$3,025.62
42450	EXCISE SUBLINGUAL GLAND	Y	-	1/1/2026	Fee Schedule	$3,025.62
42500	REPAIR SALIVARY DUCT	Y	-	1/1/2026	Fee Schedule	$3,025.62
42505	REPAIR SALIVARY DUCT	Y	-	1/1/2026	Fee Schedule	$3,025.62
42507	PAROTID DUCT DIVERSION	Y	-	1/1/2026	Fee Schedule	$3,025.62
42509	PAROTID DUCT DIVERSION	Y	-	1/1/2026	Fee Schedule	$3,025.62
42510	PAROTID DUCT DIVERSION	Y	-	1/1/2026	Fee Schedule	$1,480.50
42550	INJECTION FOR SALIVARY X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y	-	1/1/2026	Fee Schedule	$1,480.50
42650	DILATION OF SALIVARY DUCT	Y	-	1/1/2026	Fee Schedule	$48.34
42660	DILATION OF SALIVARY DUCT	Y	-	1/1/2026	Fee Schedule	$60.42
42665	LIGATION OF SALIVARY DUCT	Y	-	1/1/2026	Fee Schedule	$1,480.50
42700	I&D ABSCESS PERITONSILLAR	Y	-	1/1/2026	Fee Schedule	$129.50
42720	I&D ABSC PHRNGL NTRAORL APPR	Y	-	1/1/2026	Fee Schedule	$1,480.50
42725	I&D ABSC PHRNGL XTRNL APPR	Y	-	1/1/2026	Fee Schedule	$3,025.62
42800	BIOPSY OF THROAT	Y	-	1/1/2026	Fee Schedule	$106.74

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42804	BIOPSY OF UPPER NOSE/THROAT	Y	-	1/1/2026	Fee Schedule	$1,480.50
42806	BIOPSY OF UPPER NOSE/THROAT	Y	-	1/1/2026	Fee Schedule	$1,480.50
42808	EXCISE PHARYNX LESION	Y	-	1/1/2026	Fee Schedule	$1,480.50
42809	REMOVE PHARYNX FOREIGN BODY	-	-	7/1/2018	No Separate Payment	$0.00
42810	EXCISION OF NECK CYST	Y	-	1/1/2026	Fee Schedule	$1,480.50
42815	EXCISION OF NECK CYST	Y	-	1/1/2026	Fee Schedule	$3,025.62
42820	REMOVE TONSILS AND ADENOIDS	Y	-	1/1/2026	Fee Schedule	$3,025.62
42821	REMOVE TONSILS AND ADENOIDS	Y	-	1/1/2026	Fee Schedule	$1,480.50
42825	REMOVAL OF TONSILS	Y	-	1/1/2026	Fee Schedule	$3,025.62
42826	REMOVAL OF TONSILS	Y	-	1/1/2026	Fee Schedule	$1,480.50
42830	REMOVAL OF ADENOIDS	Y	-	1/1/2026	Fee Schedule	$1,480.50
42831	REMOVAL OF ADENOIDS	Y	-	1/1/2026	Fee Schedule	$1,480.50
42835	REMOVAL OF ADENOIDS	Y	-	1/1/2026	Fee Schedule	$1,480.50
42836	REMOVAL OF ADENOIDS	Y	-	1/1/2026	Fee Schedule	$1,480.50
42842	EXTENSIVE SURGERY OF THROAT	Y	-	1/1/2026	Fee Schedule	$3,025.62
42844	EXTENSIVE SURGERY OF THROAT	Y	-	1/1/2026	Fee Schedule	$3,025.62
42860	EXCISION OF TONSIL TAGS	Y	-	1/1/2026	Fee Schedule	$1,480.50
42870	EXCISION OF LINGUAL TONSIL	Y	-	1/1/2026	Fee Schedule	$3,025.62
42890	LIMITED PHARYNGECTOMY	Y	-	1/1/2026	Fee Schedule	$3,025.62
42892	REVISION OF PHARYNGEAL WALLS	Y	-	1/1/2026	Fee Schedule	$3,025.62
42900	REPAIR THROAT WOUND	Y	-	1/1/2026	Fee Schedule	$1,110.55
42950	RECONSTRUCTION OF THROAT	Y	-	1/1/2026	Fee Schedule	$3,025.62
42955	SURGICAL OPENING OF THROAT	Y	-	1/1/2026	Fee Schedule	$659.17
42960	CONTROL THROAT BLEEDING	Y	-	1/1/2026	Fee Schedule	$295.47
42962	CONTROL THROAT BLEEDING	Y	-	1/1/2026	Fee Schedule	$1,480.50
42970	CONTROL NOSE/THROAT BLEEDING	Y	-	1/1/2026	Fee Schedule	$129.50
42972	CONTROL NOSE/THROAT BLEEDING	Y	-	1/1/2026	Fee Schedule	$1,480.50
42975	DISE EVAL SLP DO BRTH FLX DX	Y	-	1/1/2026	Fee Schedule	$843.77
43020	INCISION OF ESOPHAGUS	Y	-	1/1/2026	Fee Schedule	$659.17
43030	CRICOPHARYNGEAL MYOTOMY	Y	-	1/1/2026	Fee Schedule	$3,025.62
43130	REMOVAL OF ESOPHAGUS POUCH	Y	-	1/1/2026	Fee Schedule	$3,025.62
43180	ESOPHAGOSCOPY RIGID TRNSO	Y	-	1/1/2026	Fee Schedule	$3,025.62
43191	ESOPHAGOSCOPY RIGID TRNSO DX	Y	-	1/1/2026	Fee Schedule	$894.33
43192	ESOPHAGOSCP RIG TRNSO INJECT	Y	-	1/1/2026	Fee Schedule	$894.33
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	Y	-	1/1/2026	Fee Schedule	$894.33
43194	ESOPHAGOSCP RIG TRNSO REM FB	Y	-	1/1/2026	Fee Schedule	$894.33
43195	ESOPHAGOSCOPY RIGID BALLOON	Y	-	1/1/2026	Fee Schedule	$1,986.55
43196	ESOPHAGOSCP GUIDE WIRE DILAT	Y	-	1/1/2026	Fee Schedule	$894.33
43197	ESOPHAGOSCOPY FLEX DX BRUSH	Y	-	1/1/2026	Fee Schedule	$141.32
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	Y	-	1/1/2026	Fee Schedule	$151.39
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	Y	-	1/1/2026	Fee Schedule	$497.85
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y	-	1/1/2026	Fee Schedule	$894.33
43202	ESOPHAGOSCOPY FLEX BIOPSY	Y	-	1/1/2026	Fee Schedule	$894.33
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y	-	1/1/2026	Fee Schedule	$894.33
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y	-	1/1/2026	Fee Schedule	$894.33
43206	ESOPH OPTICAL ENDOMICROSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
43210	EGD ESOPHAGOGASTRC FNDOPLSTY	Y	-	1/1/2026	Fee Schedule	$7,480.97
43211	ESOPHAGOSCOP MUCOSAL RESECT	Y	-	1/1/2026	Fee Schedule	$894.33
43212	ESOPHAGOSCOP STENT PLACEMENT	Y	-	1/1/2026	Fee Schedule	$4,174.09
43213	ESOPHAGOSCOPY RETRO BALLOON	Y	-	1/1/2026	Fee Schedule	$894.33
43214	ESOPHAGOSC DILATE BALLOON 30	Y	-	1/1/2026	Fee Schedule	$894.33
43215	ESOPHAGOSCOPY FLEX REMOVE FB	Y	-	1/1/2026	Fee Schedule	$894.33
43216	ESOPHAGOSCOPY LESION REMOVAL	Y	-	1/1/2026	Fee Schedule	$894.33
43217	ESOPHAGOSCOPY SNARE LES REMV	Y	-	1/1/2026	Fee Schedule	$894.33

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43220	ESOPHAGOSCOPY BALLOON <30MM	Y	-	1/1/2026	Fee Schedule	$894.33
43226	ESOPH ENDOSCOPY DILATION	Y	-	1/1/2026	Fee Schedule	$894.33
43227	ESOPHAGOSCOPY CONTROL BLEED	Y	-	1/1/2026	Fee Schedule	$894.33
43229	ESOPHAGOSCOPY LESION ABLATE	Y	-	1/1/2026	Fee Schedule	$2,897.01
43231	ESOPHAGOSCOP ULTRASOUND EXAM	Y	-	1/1/2026	Fee Schedule	$894.33
43232	ESOPHAGOSCOPY W/US NEEDLE BX	Y	-	1/1/2026	Fee Schedule	$894.33
43233	EGD BALLOON DIL ESOPH30 MM/>	Y	-	1/1/2026	Fee Schedule	$894.33
43235	EGD DIAGNOSTIC BRUSH WASH	Y	-	1/1/2026	Fee Schedule	$497.85
43236	UPPR GI SCOPE W/SUBMUC INJ	Y	-	1/1/2026	Fee Schedule	$497.85
43237	ENDOSCOPIC US EXAM ESOPH	Y	-	1/1/2026	Fee Schedule	$894.33
43238	EGD US FINE NEEDLE BX/ASPIR	Y	-	1/1/2026	Fee Schedule	$894.33
43239	EGD BIOPSY SINGLE/MULTIPLE	Y	-	1/1/2026	Fee Schedule	$497.85
43240	EGD W/TRANSMURAL DRAIN CYST	Y	-	1/1/2026	Fee Schedule	$4,462.60
43241	EGD TUBE/CATH INSERTION	Y	-	1/1/2026	Fee Schedule	$894.33
43242	EGD US FINE NEEDLE BX/ASPIR	Y	-	1/1/2026	Fee Schedule	$894.33
43243	EGD INJECTION VARICES	Y	-	1/1/2026	Fee Schedule	$894.33
43244	EGD VARICES LIGATION	Y	-	1/1/2026	Fee Schedule	$894.33
43245	EGD DILATE STRICTURE	Y	-	1/1/2026	Fee Schedule	$894.33
43246	EGD PLACE GASTROSTOMY TUBE	Y	-	1/1/2026	Fee Schedule	$894.33
43247	EGD REMOVE FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$497.85
43248	EGD GUIDE WIRE INSERTION	Y	-	1/1/2026	Fee Schedule	$497.85
43249	ESOPH EGD DILATION <30 MM	Y	-	1/1/2026	Fee Schedule	$894.33
43250	EGD CAUTERY TUMOR POLYP	Y	-	1/1/2026	Fee Schedule	$894.33
43251	EGD REMOVE LESION SNARE	Y	-	1/1/2026	Fee Schedule	$894.33
43252	EGD OPTICAL ENDOMICROSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
43253	EGD US TRANSMURAL INJXN/MARK	Y	-	1/1/2026	Fee Schedule	$894.33
43254	EGD ENDO MUCOSAL RESECTION	Y	-	1/1/2026	Fee Schedule	$894.33
43255	EGD CONTROL BLEEDING ANY	Y	-	1/1/2026	Fee Schedule	$894.33
43257	EGD W/THRML TXMNT GERD	Y	-	1/1/2026	Fee Schedule	$2,836.78
43259	EGD US EXAM DUODENUM/JEJUNUM	Y	-	1/1/2026	Fee Schedule	$894.33
43260	ERCP W/SPECIMEN COLLECTION	Y	-	1/1/2026	Fee Schedule	$1,986.55
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	1/1/2026	Fee Schedule	$1,986.55
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y	-	1/1/2026	Fee Schedule	$1,986.55
43263	ERCP SPHINCTER PRESSURE MEAS	Y	-	1/1/2026	Fee Schedule	$894.33
43264	ERCP REMOVE DUCT CALCULI	Y	-	1/1/2026	Fee Schedule	$1,986.55
43265	ERCP LITHOTRIPSY CALCULI	Y	-	1/1/2026	Fee Schedule	$2,819.48
43266	EGD ENDOSCOPIC STENT PLACE	Y	-	1/1/2026	Fee Schedule	$4,354.28
43270	EGD LESION ABLATION	Y	-	1/1/2026	Fee Schedule	$1,200.61
43273	ENDOSCOPIC PANCREATOSCOPY	-	-	7/1/2018	No Separate Payment	$0.00
43274	ERCP DUCT STENT PLACEMENT	Y	-	1/1/2026	Fee Schedule	$3,707.57
43275	ERCP REMOVE FORGN BODY DUCT	Y	-	1/1/2026	Fee Schedule	$894.33
43276	ERCP STENT EXCHANGE W/DILATE	Y	-	1/1/2026	Fee Schedule	$3,710.97
43277	ERCP EA DUCT/AMPULLA DILATE	Y	-	1/1/2026	Fee Schedule	$1,986.55
43278	ERCP LESION ABLATE W/DILATE	Y	-	1/1/2026	Fee Schedule	$1,986.55
43280	LAPAROSCOPY FUNDOPLASTY	Y	-	1/1/2026	Fee Schedule	$5,120.50
43281	LAP PARAESOPHAG HERN REPAIR	Y	-	1/1/2026	Fee Schedule	$5,120.50
43282	LAP PARAESOPH HER RPR W/MESH	Y	-	1/1/2026	Fee Schedule	$5,120.50
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Y	-	1/1/2026	Fee Schedule	$7,282.50
43285	RMVL ESOPHGL SPHNCTR DEV	-	-	1/1/2026	Fee Schedule	$3,030.97
43290	EGD FLX TRNSORL DPLMNT BALO	Y	-	1/1/2026	Fee Schedule	$1,328.79
43291	EGD FLX TRNSORL RMVL BALO	Y	-	1/1/2026	Fee Schedule	$497.85
43420	REPAIR ESOPHAGUS OPENING	Y	-	1/1/2026	Fee Schedule	$1,480.50
43450	DILATE ESOPHAGUS 1/MULT PASS	Y	-	1/1/2026	Fee Schedule	$497.85
43453	DILATE ESOPHAGUS	Y	-	1/1/2026	Fee Schedule	$894.33

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
43497	TRANSORL LWR ESOPHGL MYOTOMY	Y	-	1/1/2026	Fee Schedule	$2,819.48
43510	SURGICAL OPENING OF STOMACH	Y	-	1/1/2026	Fee Schedule	$497.85
43647	LAP IMPL ELECTRODE ANTRUM	-	-	4/1/2026	Fee Schedule	$9,997.39
43648	LAP REVISE/REMV ELTRD ANTRUM	Y	-	1/1/2026	Fee Schedule	$5,120.50
43651	LAPAROSCOPY VAGUS NERVE	Y	-	1/1/2026	Fee Schedule	$3,030.97
43652	LAPAROSCOPY VAGUS NERVE	Y	-	1/1/2026	Fee Schedule	$3,030.97
43653	LAPAROSCOPY GASTROSTOMY	Y	-	1/1/2026	Fee Schedule	$3,030.97
43752	NASAL/OROGASTRIC W/TUBE PLMT	-	-	1/1/2026	Fee Schedule	$241.78
43753	TX GASTRO INTUB W/ASP	-	-	7/1/2018	No Separate Payment	$0.00
43754	DX GASTR INTUB W/ASP SPEC	-	-	7/1/2018	No Separate Payment	$0.00
43755	DX GASTR INTUB W/ASP SPECS	-	-	1/1/2026	Fee Schedule	$74.38
43756	DX DUOD INTUB W/ASP SPEC	-	-	1/1/2026	Fee Schedule	$497.85
43757	DX DUOD INTUB W/ASP SPECS	Y	-	1/1/2026	Fee Schedule	$497.85
43761	REPOSITION GASTROSTOMY TUBE	Y	-	1/1/2026	Fee Schedule	$137.79
43762	RPLC GTUBE NO REVJ TRC	Y	-	1/1/2026	Fee Schedule	$137.79
43763	RPLC GTUBE REVJ GSTRST TRC	Y	-	1/1/2026	Fee Schedule	$137.79
43770	LAP PLACE GASTR ADJ DEVICE	Y	-	1/1/2026	Fee Schedule	$6,487.74
43772	LAP RMVL GASTR ADJ DEVICE	Y	-	1/1/2026	Fee Schedule	$1,986.55
43773	LAP REPLACE GASTR ADJ DEVICE	Y	-	1/1/2026	Fee Schedule	$3,030.97
43774	LAP RMVL GASTR ADJ ALL PARTS	-	-	4/1/2024	Not Allowed	$0.00
43830	GSTRST OPEN WO CONSTJ TUBE	Y	-	1/1/2026	Fee Schedule	$894.33
43831	GASTROSTOMY OPEN NEONATAL	Y	-	1/1/2026	Fee Schedule	$497.85
43840	GSTRRPHY SUTR DUOL/GSTR ULCR	Y	-	1/1/2026	Fee Schedule	$1,986.55
43870	CLOSURE GASTROSTOMY SURGICAL	Y	-	1/1/2026	Fee Schedule	$1,986.55
43886	GSTR RSTCV PX OPN REVJ PORT	-	-	4/1/2024	Not Allowed	$0.00
43887	GSTR RSTCV PX OPN RMVL PORT	-	-	4/1/2024	Not Allowed	$0.00
43888	GSTR RSTCV PX OPN RMVL&RPLC	-	-	4/1/2024	Not Allowed	$0.00
43889	GSTR RSTCV PX TRNSORL ESG	Y	-	1/1/2026	Fee Schedule	$5,120.50
44100	BIOPSY OF BOWEL	Y	-	1/1/2026	Fee Schedule	$497.85
44180	LAP ENTEROLYSIS	Y	-	1/1/2026	Fee Schedule	$3,030.97
44186	LAP JEJUNOSTOMY	Y	-	1/1/2026	Fee Schedule	$3,030.97
44300	OPEN BOWEL TO SKIN	Y	-	1/1/2026	Fee Schedule	$894.33
44312	REVISION OF ILEOSTOMY	Y	-	1/1/2026	Fee Schedule	$1,940.78
44314	REVISION OF ILEOSTOMY	Y	-	1/1/2026	Fee Schedule	$1,940.78
44340	REVISION OF COLOSTOMY	Y	-	1/1/2026	Fee Schedule	$1,940.78
44345	REVISION OF COLOSTOMY	Y	-	1/1/2026	Fee Schedule	$1,940.78
44346	REVISION OF COLOSTOMY	Y	-	1/1/2026	Fee Schedule	$1,940.78
44360	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	1/1/2026	Fee Schedule	$894.33
44363	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44364	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44365	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44366	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44369	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44370	SMALL BOWEL ENDOSCOPY/STENT	Y	-	1/1/2026	Fee Schedule	$4,476.92
44372	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44373	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44376	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y	-	1/1/2026	Fee Schedule	$894.33
44378	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44379	S BOWEL ENDOSCOPE W/STENT	Y	-	1/1/2026	Fee Schedule	$4,576.98
44380	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	1/1/2026	Fee Schedule	$497.85
44381	SMALL BOWEL ENDOSCOPY BR/WA	Y	-	1/1/2026	Fee Schedule	$894.33
44382	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$497.85

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44384	SMALL BOWEL ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$894.33
44385	ENDOSCOPY OF BOWEL POUCH	Y	-	1/1/2026	Fee Schedule	$510.49
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y	-	1/1/2026	Fee Schedule	$510.49
44388	COLONOSCOPY THRU STOMA SPX	Y	-	1/1/2026	Fee Schedule	$510.49
44389	COLONOSCOPY WITH BIOPSY	Y	-	1/1/2026	Fee Schedule	$656.75
44390	COLONOSCOPY FOR FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$510.49
44391	COLONOSCOPY FOR BLEEDING	Y	-	1/1/2026	Fee Schedule	$656.75
44392	COLONOSCOPY & POLYPECTOMY	Y	-	1/1/2026	Fee Schedule	$656.75
44394	COLONOSCOPY W/SNARE	Y	-	1/1/2026	Fee Schedule	$656.75
44401	COLONOSCOPY WITH ABLATION	Y	-	1/1/2026	Fee Schedule	$656.75
44402	COLONOSCOPY W/STENT PLCMT	Y	-	1/1/2026	Fee Schedule	$4,790.69
44403	COLONOSCOPY W/RESECTION	Y	-	1/1/2026	Fee Schedule	$656.75
44404	COLONOSCOPY W/INJECTION	Y	-	1/1/2026	Fee Schedule	$656.75
44405	COLONOSCOPY W/DILATION	Y	-	1/1/2026	Fee Schedule	$656.75
44406	COLONOSCOPY W/ULTRASOUND	Y	-	1/1/2026	Fee Schedule	$656.75
44407	COLONOSCOPY W/NDL ASPIR/BX	Y	-	1/1/2026	Fee Schedule	$656.75
44408	COLONOSCOPY W/DECOMPRESSION	Y	-	1/1/2026	Fee Schedule	$510.49
44500	INTRO GASTROINTESTINAL TUBE	Y	-	1/1/2026	Fee Schedule	$497.85
44602	SUTURE SMALL INTESTINE	Y	-	1/1/2026	Fee Schedule	$1,986.55
44701	INTRAOP COLON LAVAGE ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
44950	APPENDECTOMY	Y	-	1/1/2026	Fee Schedule	$3,365.12
44955	APPENDECTOMY ADD-ON	-	-	1/1/2026	No Separate Payment	$0.00
44970	LAPAROSCOPY APPENDECTOMY	Y	-	1/1/2026	Fee Schedule	$3,030.97
45000	DRAINAGE OF PELVIC ABSCESS	Y	-	1/1/2026	Fee Schedule	$656.75
45005	DRAINAGE OF RECTAL ABSCESS	Y	-	1/1/2026	Fee Schedule	$656.75
45020	DRAINAGE OF RECTAL ABSCESS	Y	-	1/1/2026	Fee Schedule	$1,432.51
45100	BIOPSY OF RECTUM	Y	-	1/1/2026	Fee Schedule	$1,432.51
45108	ANORECTAL MYOMECTOMY	Y	-	1/1/2026	Fee Schedule	$1,432.51
45150	EXCISION OF RECTAL STRICTURE	Y	-	1/1/2026	Fee Schedule	$656.75
45160	EXCISION OF RECTAL LESION	Y	-	1/1/2026	Fee Schedule	$1,432.51
45171	EXC RECT TUM TRANSANAL PART	Y	-	1/1/2026	Fee Schedule	$1,432.51
45172	EXC RECT TUM TRANSANAL FULL	Y	-	1/1/2026	Fee Schedule	$1,432.51
45190	DESTRUCTION RECTAL TUMOR	Y	-	1/1/2026	Fee Schedule	$1,432.51
45300	PROCTOSIGMOIDOSCOPY DX	Y	-	1/1/2026	Fee Schedule	$118.83
45303	PROCTOSIGMOIDOSCOPY DILATE	Y	-	1/1/2026	Fee Schedule	$656.75
45305	PROCTOSIGMOIDOSCOPY W/BX	Y	-	1/1/2026	Fee Schedule	$656.75
45307	PROCTOSIGMOIDOSCOPY FB	Y	-	1/1/2026	Fee Schedule	$1,432.51
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2026	Fee Schedule	$1,432.51
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2026	Fee Schedule	$656.75
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y	-	1/1/2026	Fee Schedule	$656.75
45317	PROCTOSIGMOIDOSCOPY BLEED	Y	-	1/1/2026	Fee Schedule	$656.75
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y	-	1/1/2026	Fee Schedule	$1,432.51
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y	-	1/1/2026	Fee Schedule	$1,432.51
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y	-	1/1/2026	Fee Schedule	$4,421.07
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y	-	1/1/2026	Fee Schedule	$184.96
45331	SIGMOIDOSCOPY AND BIOPSY	Y	-	1/1/2026	Fee Schedule	$510.49
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y	-	1/1/2026	Fee Schedule	$656.75
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y	-	1/1/2026	Fee Schedule	$510.49
45334	SIGMOIDOSCOPY FOR BLEEDING	Y	-	1/1/2026	Fee Schedule	$656.75
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y	-	1/1/2026	Fee Schedule	$510.49
45337	SIGMOIDOSCOPY & DECOMPRESS	Y	-	1/1/2026	Fee Schedule	$510.49
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y	-	1/1/2026	Fee Schedule	$656.75
45340	SIG W/TNDSC BALLOON DILATION	Y	-	1/1/2026	Fee Schedule	$656.75
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y	-	1/1/2026	Fee Schedule	$510.49

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45342	SIGMOIDOSCOPY W/US GUIDE BX	Y	-	1/1/2026	Fee Schedule	$656.75
45346	SIGMOIDOSCOPY W/ABLATION	Y	-	1/1/2026	Fee Schedule	$656.75
45347	SIGMOIDOSCOPY W/PLCMT STENT	Y	-	1/1/2026	Fee Schedule	$4,411.35
45349	SIGMOIDOSCOPY W/RESECTION	Y	-	1/1/2026	Fee Schedule	$1,432.51
45350	SGMDSC W/BAND LIGATION	Y	-	1/1/2026	Fee Schedule	$656.75
45378	DIAGNOSTIC COLONOSCOPY	Y	-	1/1/2026	Fee Schedule	$510.49
45379	COLONOSCOPY W/FB REMOVAL	Y	-	1/1/2026	Fee Schedule	$656.75
45380	COLONOSCOPY AND BIOPSY	Y	-	1/1/2026	Fee Schedule	$656.75
45381	COLONOSCOPY SUBMUCOUS NJX	Y	-	1/1/2026	Fee Schedule	$656.75
45382	COLONOSCOPY W/CONTROL BLEED	Y	-	1/1/2026	Fee Schedule	$656.75
45384	COLONOSCOPY W/LESION REMOVAL	Y	-	1/1/2026	Fee Schedule	$656.75
45385	COLONOSCOPY W/LESION REMOVAL	Y	-	1/1/2026	Fee Schedule	$656.75
45386	COLONOSCOPY W/BALLOON DILAT	Y	-	1/1/2026	Fee Schedule	$656.75
45388	COLONOSCOPY W/ABLATION	Y	-	1/1/2026	Fee Schedule	$656.75
45389	COLONOSCOPY W/STENT PLCMT	Y	-	1/1/2026	Fee Schedule	$4,462.60
45390	COLONOSCOPY W/RESECTION	Y	-	1/1/2026	Fee Schedule	$1,432.51
45391	COLONOSCOPY W/ENDOSCOPE US	Y	-	1/1/2026	Fee Schedule	$656.75
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y	-	1/1/2026	Fee Schedule	$656.75
45393	COLONOSCOPY W/DECOMPRESSION	Y	-	1/1/2026	Fee Schedule	$656.75
45398	COLONOSCOPY W/BAND LIGATION	Y	-	1/1/2026	Fee Schedule	$656.75
45500	REPAIR OF RECTUM	Y	-	1/1/2026	Fee Schedule	$1,432.51
45505	REPAIR OF RECTUM	Y	-	1/1/2026	Fee Schedule	$1,432.51
45520	TREATMENT OF RECTAL PROLAPSE	-	-	7/1/2018	No Separate Payment	$0.00
45541	CORRECT RECTAL PROLAPSE	Y	-	1/1/2026	Fee Schedule	$1,432.51
45560	REPAIR OF RECTOCELE	Y	-	1/1/2026	Fee Schedule	$1,432.51
45900	REDUCTION OF RECTAL PROLAPSE	Y	-	1/1/2026	Fee Schedule	$510.49
45905	DILATION OF ANAL SPHINCTER	Y	-	1/1/2026	Fee Schedule	$656.75
45910	DILATION OF RECTAL NARROWING	Y	-	1/1/2026	Fee Schedule	$656.75
45915	REMOVE RECTAL OBSTRUCTION	Y	-	1/1/2026	Fee Schedule	$656.75
45990	SURG DX EXAM ANORECTAL	Y	-	1/1/2026	Fee Schedule	$1,432.51
46020	PLACEMENT OF SETON	Y	-	1/1/2026	Fee Schedule	$1,432.51
46030	REMOVAL ANAL SETON OTH MRK	Y	-	1/1/2026	Fee Schedule	$656.75
46040	I&D ISCHIORCT&/PERIRCT ABSC	Y	-	1/1/2026	Fee Schedule	$656.75
46045	I&D ABSC TRANAL UNDER ANES	Y	-	1/1/2026	Fee Schedule	$1,432.51
46050	I&D PERIANAL ABSCESS SUPFC	Y	-	1/1/2026	Fee Schedule	$510.49
46060	I&D ISCHIORECTAL/NTRMRL ABSC	Y	-	1/1/2026	Fee Schedule	$1,432.51
46070	INCISION ANAL SEPTUM INFANT	Y	-	1/1/2026	Fee Schedule	$1,432.51
46080	SPHNCTROTMY ANAL DIV SPHNCTR	Y	-	1/1/2026	Fee Schedule	$1,432.51
46083	INC THROMBOSED HROID XTRNL	Y	-	1/1/2026	Fee Schedule	$137.79
46200	REMOVAL OF ANAL FISSURE	Y	-	1/1/2026	Fee Schedule	$1,432.51
46220	EXCISE ANAL EXT TAG/PAPILLA	Y	-	1/1/2026	Fee Schedule	$656.75
46221	LIGATION OF HEMORRHOID(S)	Y	-	1/1/2026	Fee Schedule	$238.33
46230	REMOVAL OF ANAL TAGS	Y	-	1/1/2026	Fee Schedule	$1,432.51
46250	REMOVE EXT HEM GROUPS 2+	Y	-	1/1/2026	Fee Schedule	$1,432.51
46255	REMOVE INT/EXT HEM 1 GROUP	Y	-	1/1/2026	Fee Schedule	$1,432.51
46257	REMOVE IN/EX HEM GRP & FISS	Y	-	1/1/2026	Fee Schedule	$1,432.51
46258	REMOVE IN/EX HEM GRP W/FISTU	Y	-	1/1/2026	Fee Schedule	$1,432.51
46260	REMOVE IN/EX HEM GROUPS 2+	Y	-	1/1/2026	Fee Schedule	$1,432.51
46261	REMOVE IN/EX HEM GRPS & FISS	Y	-	1/1/2026	Fee Schedule	$1,432.51
46262	REMOVE IN/EX HEM GRPS W/FIST	Y	-	1/1/2026	Fee Schedule	$1,432.51
46270	REMOVE ANAL FIST SUBQ	Y	-	1/1/2026	Fee Schedule	$1,432.51
46275	REMOVE ANAL FIST INTER	Y	-	1/1/2026	Fee Schedule	$1,432.51
46280	REMOVE ANAL FIST COMPLEX	Y	-	1/1/2026	Fee Schedule	$1,432.51
46285	REMOVE ANAL FIST 2 STAGE	Y	-	1/1/2026	Fee Schedule	$1,432.51

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46288	REPAIR ANAL FISTULA	Y	-	1/1/2026	Fee Schedule	$1,432.51
46320	REMOVAL OF HEMORRHOID CLOT	Y	-	1/1/2026	Fee Schedule	$170.86
46500	INJECTION INTO HEMORRHOID(S)	Y	-	1/1/2026	Fee Schedule	$294.05
46505	CHEMODENERVATION ANAL MUSC	Y	-	1/1/2026	Fee Schedule	$656.75
46600	DIAGNOSTIC ANOSCOPY SPX	-	-	7/1/2018	No Separate Payment	$0.00
46601	DIAGNOSTIC ANOSCOPY	-	-	7/1/2018	No Separate Payment	$0.00
46604	ANOSCOPY AND DILATION	Y	-	1/1/2026	Fee Schedule	$655.24
46606	ANOSCOPY AND BIOPSY	Y	-	1/1/2026	Fee Schedule	$262.50
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	Y	-	1/1/2026	Fee Schedule	$656.75
46608	ANOSCOPY REMOVE FOR BODY	Y	-	1/1/2026	Fee Schedule	$510.49
46610	ANOSCOPY REMOVE LESION	Y	-	1/1/2026	Fee Schedule	$1,432.51
46611	ANOSCOPY	Y	-	1/1/2026	Fee Schedule	$510.49
46612	ANOSCOPY REMOVE LESIONS	Y	-	1/1/2026	Fee Schedule	$1,432.51
46614	ANOSCOPY CONTROL BLEEDING	Y	-	1/1/2026	Fee Schedule	$146.02
46615	ANOSCOPY	Y	-	1/1/2026	Fee Schedule	$1,432.51
46700	REPAIR OF ANAL STRICTURE	Y	-	1/1/2026	Fee Schedule	$1,432.51
46706	REPR OF ANAL FISTULA W/GLUE	Y	-	1/1/2026	Fee Schedule	$1,432.51
46707	REPAIR ANORECTAL FIST W/PLUG	Y	-	1/1/2026	Fee Schedule	$1,868.44
46750	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2026	Fee Schedule	$1,432.51
46753	RECONSTRUCTION OF ANUS	Y	-	1/1/2026	Fee Schedule	$1,432.51
46754	REMOVAL OF SUTURE FROM ANUS	Y	-	1/1/2026	Fee Schedule	$1,432.51
46760	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2026	Fee Schedule	$1,432.51
46761	REPAIR OF ANAL SPHINCTER	Y	-	1/1/2026	Fee Schedule	$1,432.51
46900	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	$198.72
46910	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	$225.91
46916	CRYOSURGERY ANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	$110.23
46917	LASER SURGERY ANAL LESIONS	Y	-	1/1/2026	Fee Schedule	$1,432.51
46922	EXCISION OF ANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	$1,432.51
46924	DESTRUCTION ANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	$1,432.51
46930	DESTROY INTERNAL HEMORRHOIDS	Y	-	1/1/2026	Fee Schedule	$188.99
46940	TREATMENT OF ANAL FISSURE	Y	-	1/1/2026	Fee Schedule	$203.42
46942	TREATMENT OF ANAL FISSURE	Y	-	1/1/2026	Fee Schedule	$202.08
46945	INT HRHC LIG 1 HROID W/O IMG	Y	-	1/1/2026	Fee Schedule	$1,432.51
46946	INT HRHC LIG 2+HROID W/O IMG	Y	-	1/1/2026	Fee Schedule	$1,432.51
46947	HEMORRHOIDOPEXY BY STAPLING	Y	-	1/1/2026	Fee Schedule	$1,432.51
46948	INT HRHC TRANAL DARTLZJ 2+	Y	-	1/1/2026	Fee Schedule	$1,432.51
47000	NEEDLE BIOPSY OF LIVER PERQ	Y	-	1/1/2026	Fee Schedule	$742.04
47001	NDL BIOPSY LVR TM OTH MAJ PX	-	-	7/1/2018	No Separate Payment	$0.00
47370	LAPARO ABLATE LIVER TUMOR RF	Y	-	1/1/2026	Fee Schedule	$5,120.50
47371	LAPARO ABLATE LIVER CRYOSURG	Y	-	1/1/2026	Fee Schedule	$5,120.50
47382	PERCUT ABLATE LIVER RF	Y	-	1/1/2026	Fee Schedule	$3,030.97
47383	PERQ ABLTJ LVR CRYOABLATION	Y	-	1/1/2026	Fee Schedule	$7,683.85
47384	ABLTJ IRE LIVER 1+ TUM PERQ	Y	-	1/1/2026	Fee Schedule	$7,609.75
47490	INCISION OF GALLBLADDER	Y	-	1/1/2026	Fee Schedule	$1,744.22
47531	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	$0.00
47532	INJECTION FOR CHOLANGIOGRAM	-	-	7/1/2018	No Separate Payment	$0.00
47533	PLMT BILIARY DRAINAGE CATH	Y	-	1/1/2026	Fee Schedule	$1,744.22
47534	PLMT BILIARY DRAINAGE CATH	Y	-	1/1/2026	Fee Schedule	$1,744.22
47535	CONVERSION EXT BIL DRG CATH	Y	-	1/1/2026	Fee Schedule	$1,744.22
47536	EXCHANGE BILIARY DRG CATH	Y	-	1/1/2026	Fee Schedule	$1,744.22
47537	REMOVAL BILIARY DRG CATH	-	-	1/1/2026	Fee Schedule	$497.85
47538	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2026	Fee Schedule	$4,264.51
47539	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2026	Fee Schedule	$4,500.25
47540	PERQ PLMT BILE DUCT STENT	Y	-	1/1/2026	Fee Schedule	$4,014.67

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
47541	PLMT ACCESS BIL TREE SM BWL	Y	-	1/1/2026	Fee Schedule	$3,365.12
47542	DILATE BILIARY DUCT/AMPULLA	-	-	7/1/2018	No Separate Payment	$0.00
47543	ENDOLUMINAL BX BILIARY TREE	-	-	7/1/2018	No Separate Payment	$0.00
47544	REMOVAL DUCT GLBLDR CALCULI	-	-	7/1/2018	No Separate Payment	$0.00
47550	BILE DUCT ENDOSCOPY ADD-ON	-	-	1/1/2026	No Separate Payment	$0.00
47552	BILIARY ENDO PERQ DX W/SPECI	Y	-	1/1/2026	Fee Schedule	$3,365.12
47553	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2026	Fee Schedule	$3,365.12
47554	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2026	Fee Schedule	$5,120.50
47555	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2026	Fee Schedule	$4,264.51
47556	BILIARY ENDOSCOPY THRU SKIN	Y	-	1/1/2026	Fee Schedule	$6,862.19
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y	-	1/1/2026	Fee Schedule	$3,030.97
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y	-	1/1/2026	Fee Schedule	$3,030.97
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y	-	1/1/2026	Fee Schedule	$5,120.50
48102	NEEDLE BIOPSY PANCREAS	Y	-	1/1/2026	Fee Schedule	$742.04
49010	EXPLORATION BEHIND ABDOMEN	Y	-	1/1/2026	Fee Schedule	$3,365.12
49082	ABD PARACENTESIS	Y	-	1/1/2026	Fee Schedule	$497.85
49083	ABD PARACENTESIS W/IMAGING	Y	-	1/1/2026	Fee Schedule	$497.85
49084	PERITONEAL LAVAGE	Y	-	1/1/2026	Fee Schedule	$497.85
49180	BIOPSY ABDOMINAL MASS	Y	-	1/1/2026	Fee Schedule	$742.04
49185	SCLEROTX FLUID COLLECTION	Y	-	1/1/2026	Fee Schedule	$742.04
49250	EXCISION OF UMBILICUS	Y	-	1/1/2026	Fee Schedule	$1,744.22
49255	REMOVAL OF OMENTUM	Y	-	1/1/2026	Fee Schedule	$3,365.12
49320	DIAG LAPARO SEPARATE PROC	Y	-	1/1/2026	Fee Schedule	$3,030.97
49321	LAPAROSCOPY BIOPSY	Y	-	1/1/2026	Fee Schedule	$3,030.97
49322	LAPAROSCOPY ASPIRATION	Y	-	1/1/2026	Fee Schedule	$3,030.97
49323	LAPARO DRAIN LYMPHOCELE	Y	-	1/1/2026	Fee Schedule	$3,030.97
49324	LAP INSERT TUNNEL IP CATH	Y	-	1/1/2026	Fee Schedule	$3,030.97
49325	LAP REVISION PERM IP CATH	Y	-	1/1/2026	Fee Schedule	$3,030.97
49326	LAP W/OMENTOPEXY ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
49327	LAP INS DEVICE FOR RT	-	-	7/1/2018	No Separate Payment	$0.00
49400	AIR INJECTION INTO ABDOMEN	-	-	7/1/2018	No Separate Payment	$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y	-	1/1/2026	Fee Schedule	$1,744.22
49405	IMAGE CATH FLUID COLXN VISC	Y	-	1/1/2026	Fee Schedule	$742.04
49406	IMAGE CATH FLUID PERI/RETRO	Y	-	1/1/2026	Fee Schedule	$742.04
49407	IMAGE CATH FLUID TRNS/VGNL	Y	-	1/1/2026	Fee Schedule	$742.04
49411	INS MARK ABD/PEL FOR RT PERQ	-	-	1/1/2026	Fee Schedule	$346.08
49418	INSERT TUN IP CATH PERC	Y	-	1/1/2026	Fee Schedule	$1,744.22
49419	INSERT TUN IP CATH W/PORT	Y	-	1/1/2026	Fee Schedule	$3,187.37
49421	INS TUN IP CATH FOR DIAL OPN	Y	-	1/1/2026	Fee Schedule	$1,744.22
49422	REMOVE TUNNELED IP CATH	-	-	1/1/2026	Fee Schedule	$1,623.69
49423	EXCHANGE DRAINAGE CATHETER	Y	-	1/1/2026	Fee Schedule	$894.33
49424	ASSESS CYST CONTRAST INJECT	-	-	7/1/2018	No Separate Payment	$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y	-	1/1/2026	Fee Schedule	$1,744.22
49427	INJECTION ABDOMINAL SHUNT	-	-	7/1/2018	No Separate Payment	$0.00
49429	REMOVAL OF SHUNT	-	-	1/1/2026	Fee Schedule	$1,623.69
49435	INSERT SUBQ EXTEN TO IP CATH	-	-	7/1/2018	No Separate Payment	$0.00
49436	EMBEDDED IP CATH EXIT-SITE	Y	-	1/1/2026	Fee Schedule	$894.33
49440	PLACE GASTROSTOMY TUBE PERC	Y	-	1/1/2026	Fee Schedule	$894.33
49441	PLACE DUOD/JEJ TUBE PERC	Y	-	1/1/2026	Fee Schedule	$894.33
49442	PLACE CECOSTOMY TUBE PERC	Y	-	1/1/2026	Fee Schedule	$656.75
49446	CHANGE G-TUBE TO G-J PERC	Y	-	1/1/2026	Fee Schedule	$894.33
49450	REPLACE G/C TUBE PERC	Y	-	1/1/2026	Fee Schedule	$497.85
49451	REPLACE DUOD/JEJ TUBE PERC	Y	-	1/1/2026	Fee Schedule	$497.85
49452	REPLACE G-J TUBE PERC	Y	-	1/1/2026	Fee Schedule	$497.85

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49460	FIX G/COLON TUBE W/DEVICE	Y	-	1/1/2026	Fee Schedule	$497.85
49465	FLUORO EXAM OF G/COLON TUBE	-	-	1/1/2026	Fee Schedule	$131.48
49491	RPR HERN PREEMIE REDUC	Y	-	1/1/2026	Fee Schedule	$3,030.97
49492	RPR ING HERN PREMIE BLOCKED	Y	-	1/1/2026	Fee Schedule	$1,744.22
49495	RPR ING HERNIA BABY REDUC	Y	-	1/1/2026	Fee Schedule	$1,744.22
49496	RPR ING HERNIA BABY BLOCKED	Y	-	1/1/2026	Fee Schedule	$1,744.22
49500	RPR ING HERNIA INIT REDUCE	Y	-	1/1/2026	Fee Schedule	$3,365.12
49501	RPR ING HERNIA INIT BLOCKED	Y	-	1/1/2026	Fee Schedule	$1,744.22
49505	PRP I/HERN INIT REDUC >5 YR	Y	-	1/1/2026	Fee Schedule	$1,744.22
49507	PRP I/HERN INIT BLOCK >5 YR	Y	-	1/1/2026	Fee Schedule	$1,744.22
49520	REREPAIR ING HERNIA REDUCE	Y	-	1/1/2026	Fee Schedule	$1,744.22
49521	REREPAIR ING HERNIA BLOCKED	Y	-	1/1/2026	Fee Schedule	$3,365.12
49525	REPAIR ING HERNIA SLIDING	Y	-	1/1/2026	Fee Schedule	$1,744.22
49540	REPAIR LUMBAR HERNIA	Y	-	1/1/2026	Fee Schedule	$3,030.97
49550	RPR REM HERNIA INIT REDUCE	Y	-	1/1/2026	Fee Schedule	$1,744.22
49553	RPR FEM HERNIA INIT BLOCKED	Y	-	1/1/2026	Fee Schedule	$1,744.22
49555	REREPAIR FEM HERNIA REDUCE	Y	-	1/1/2026	Fee Schedule	$1,744.22
49557	REREPAIR FEM HERNIA BLOCKED	Y	-	1/1/2026	Fee Schedule	$1,744.22
49591	RPR AA HRN 1ST < 3 CM RDC	Y	-	1/1/2026	Fee Schedule	$1,744.22
49592	RPR AA HRN 1ST < 3 NCR/STRN	Y	-	1/1/2026	Fee Schedule	$3,030.97
49593	RPR AA HRN 1ST 3-10 RDC	Y	-	1/1/2026	Fee Schedule	$3,365.12
49594	RPR AA HRN 1ST 3-10 NCR/STRN	Y	-	1/1/2026	Fee Schedule	$3,030.97
49595	RPR AA HRN 1ST > 10 RDC	Y	-	1/1/2026	Fee Schedule	$3,365.12
49600	REPAIR UMBILICAL LESION	Y	-	1/1/2026	Fee Schedule	$1,744.22
49613	RPR AA HRN RCR < 3 RDC	Y	-	1/1/2026	Fee Schedule	$1,744.22
49614	RPR AA HRN RCR < 3 NCR/STRN	Y	-	1/1/2026	Fee Schedule	$3,030.97
49615	RPR AA HRN RCR 3-10 RDC	Y	-	1/1/2026	Fee Schedule	$3,365.12
49650	LAP ING HERNIA REPAIR INIT	Y	-	1/1/2026	Fee Schedule	$3,030.97
49651	LAP ING HERNIA REPAIR RECUR	Y	-	1/1/2026	Fee Schedule	$3,030.97
50020	DRG PERIRNL/RENAL ABSC OPEN	Y	-	1/1/2026	Fee Schedule	$1,001.95
50080	PERQ NL/PL LITHOTRP SMPL<2CM	Y	-	1/1/2026	Fee Schedule	$4,995.80
50081	PERQ NL/PL LITHOTRP CPLX>2CM	Y	-	1/1/2026	Fee Schedule	$4,995.80
50200	RENAL BIOPSY PERQ	Y	-	1/1/2026	Fee Schedule	$742.04
50382	CHANGE URETER STENT PERCUT	Y	-	1/1/2026	Fee Schedule	$1,001.95
50384	REMOVE URETER STENT PERCUT	-	-	1/1/2026	Fee Schedule	$1,001.95
50385	CHANGE STENT VIA TRANSURETH	Y	-	1/1/2026	Fee Schedule	$1,001.95
50386	REMOVE STENT VIA TRANSURETH	-	-	1/1/2026	Fee Schedule	$644.50
50387	CHANGE NEPHROURETERAL CATH	Y	-	1/1/2026	Fee Schedule	$1,001.95
50389	REMOVE RENAL TUBE W/FLUORO	-	-	1/1/2026	Fee Schedule	$310.63
50390	DRAINAGE OF KIDNEY LESION	Y	-	1/1/2026	Fee Schedule	$388.55
50391	INSTLL RX AGNT INTO RNAL TUB	Y	-	1/1/2026	Fee Schedule	$55.72
50396	MEASURE KIDNEY PRESSURE	Y	-	1/1/2026	Fee Schedule	$310.63
50430	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	$0.00
50431	NJX PX NFROSGRM &/URTRGRM	-	-	7/1/2018	No Separate Payment	$0.00
50432	PLMT NEPHROSTOMY CATHETER	Y	-	1/1/2026	Fee Schedule	$1,001.95
50433	PLMT NEPHROURETERAL CATHETER	Y	-	1/1/2026	Fee Schedule	$1,723.02
50434	CONVERT NEPHROSTOMY CATHETER	Y	-	1/1/2026	Fee Schedule	$1,001.95
50435	EXCHANGE NEPHROSTOMY CATH	Y	-	1/1/2026	Fee Schedule	$1,001.95
50436	DILAT XST TRC NDURLGC PX	Y	-	1/1/2026	Fee Schedule	$1,723.02
50437	DILAT XST TRC NEW ACCESS RCS	Y	-	1/1/2026	Fee Schedule	$1,723.02
50541	LAPARO ABLATE RENAL CYST	Y	-	1/1/2026	Fee Schedule	$5,120.50
50542	LAPARO ABLATE RENAL MASS	Y	-	1/1/2026	Fee Schedule	$5,120.50
50543	LAPARO PARTIAL NEPHRECTOMY	Y	-	1/1/2026	Fee Schedule	$5,120.50
50544	LAPAROSCOPY PYELOPLASTY	Y	-	1/1/2026	Fee Schedule	$5,120.50

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50551	KIDNEY ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$2,729.66
50553	KIDNEY ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$2,729.66
50555	KIDNEY ENDOSCOPY & BIOPSY	Y	-	1/1/2026	Fee Schedule	$4,995.80
50557	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	$4,995.80
50561	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	$3,654.83
50562	RENAL SCOPE W/TUMOR RESECT	Y	-	1/1/2026	Fee Schedule	$4,995.80
50570	KIDNEY ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$1,723.02
50572	KIDNEY ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$310.63
50574	KIDNEY ENDOSCOPY & BIOPSY	Y	-	1/1/2026	Fee Schedule	$1,723.02
50575	KIDNEY ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$2,729.66
50576	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	$4,995.80
50580	KIDNEY ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	$2,729.66
50590	FRAGMENTING OF KIDNEY STONE	Y	-	1/1/2026	Fee Schedule	$1,723.02
50592	PERC RF ABLATE RENAL TUMOR	Y	-	1/1/2026	Fee Schedule	$3,030.97
50593	PERC CRYO ABLATE RENAL TUM	Y	-	1/1/2026	Fee Schedule	$7,332.34
50606	ENDOLUMINAL BX URTR RNL PLVS	-	-	7/1/2018	No Separate Payment	$0.00
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS	-	-	7/1/2018	No Separate Payment	$0.00
50684	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
50686	MEASURE URETER PRESSURE	-	-	4/1/2026	Fee Schedule	$74.38
50688	CHANGE OF URETER TUBE/STENT	Y	-	1/1/2026	Fee Schedule	$1,001.95
50690	INJECTION FOR URETER X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
50693	PLMT URETERAL STENT PRQ	Y	-	1/1/2026	Fee Schedule	$1,723.02
50694	PLMT URETERAL STENT PRQ	Y	-	1/1/2026	Fee Schedule	$1,723.02
50695	PLMT URETERAL STENT PRQ	Y	-	1/1/2026	Fee Schedule	$1,723.02
50705	URETERAL EMBOLIZATION/OCCL	-	-	7/1/2018	No Separate Payment	$0.00
50706	BALLOON DILATE URTRL STRIX	-	-	7/1/2018	No Separate Payment	$0.00
50727	REVISE URETER	Y	-	1/1/2026	Fee Schedule	$1,723.02
50945	LAPAROSCOPY URETEROLITHOTOMY	Y	-	1/1/2026	Fee Schedule	$3,030.97
50947	LAPARO NEW URETER/BLADDER	Y	-	1/1/2026	Fee Schedule	$5,120.50
50948	LAPARO NEW URETER/BLADDER	Y	-	1/1/2026	Fee Schedule	$5,120.50
50951	ENDOSCOPY OF URETER	Y	-	1/1/2026	Fee Schedule	$1,723.02
50953	ENDOSCOPY OF URETER	Y	-	1/1/2026	Fee Schedule	$1,723.02
50955	URETER ENDOSCOPY & BIOPSY	Y	-	1/1/2026	Fee Schedule	$2,729.66
50957	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	$2,729.66
50961	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	$2,729.66
50970	URETER ENDOSCOPY	Y	-	1/1/2026	Fee Schedule	$2,183.08
50972	URETER ENDOSCOPY & CATHETER	Y	-	1/1/2026	Fee Schedule	$1,723.02
50974	URETER ENDOSCOPY & BIOPSY	Y	-	1/1/2026	Fee Schedule	$2,729.66
50976	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	$2,729.66
50980	URETER ENDOSCOPY & TREATMENT	Y	-	1/1/2026	Fee Schedule	$2,729.66
51020	CYSTOTOMY/CYSTOSTOMY W/FULG	Y	-	1/1/2026	Fee Schedule	$1,723.02
51040	INCISE & DRAIN BLADDER	Y	-	1/1/2026	Fee Schedule	$1,001.95
51045	INCISE BLADDER/DRAIN URETER	Y	-	1/1/2026	Fee Schedule	$1,001.95
51050	REMOVAL OF BLADDER STONE	Y	-	1/1/2026	Fee Schedule	$2,729.66
51060	REMOVAL OF URETER STONE	Y	-	1/1/2026	Fee Schedule	$1,001.95
51065	REMOVE URETER CALCULUS	Y	-	1/1/2026	Fee Schedule	$1,723.02
51080	DRAINAGE OF BLADDER ABSCESS	Y	-	1/1/2026	Fee Schedule	$1,248.36
51100	DRAIN BLADDER BY NEEDLE	Y	-	1/1/2026	Fee Schedule	$46.32
51101	DRAIN BLADDER BY TROCAR/CATH	-	-	1/1/2026	Fee Schedule	$119.16
51102	DRAIN BL W/CATH INSERTION	Y	-	1/1/2026	Fee Schedule	$1,001.95
51500	REMOVAL OF BLADDER CYST	Y	-	1/1/2026	Fee Schedule	$3,030.97
51520	REMOVAL OF BLADDER LESION	Y	-	1/1/2026	Fee Schedule	$1,723.02
51535	REPAIR OF URETER LESION	Y	-	1/1/2026	Fee Schedule	$1,723.02
51600	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	$0.00

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51605	PREPARATION FOR BLADDER XRAY	-	-	7/1/2018	No Separate Payment	$0.00
51610	INJECTION FOR BLADDER X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
51700	IRRIGATION OF BLADDER	Y	-	1/1/2026	Fee Schedule	$56.39
51701	INSERT BLADDER CATHETER	-	-	7/1/2018	No Separate Payment	$0.00
51702	INSERT TEMP BLADDER CATH	-	-	7/1/2018	No Separate Payment	$0.00
51703	INSERT BLADDER CATH COMPLEX	-	-	1/1/2026	Fee Schedule	$74.38
51705	CHANGE OF BLADDER TUBE	Y	-	1/1/2026	Fee Schedule	$68.14
51710	CHANGE OF BLADDER TUBE	Y	-	1/1/2026	Fee Schedule	$310.63
51715	ENDOSCOPIC INJECTION/IMPLANT	Y	-	1/1/2026	Fee Schedule	$2,377.35
51720	TREATMENT OF BLADDER LESION	Y	-	1/1/2026	Fee Schedule	$60.09
51725	SIMPLE CYSTOMETROGRAM	Y	-	1/1/2026	Fee Schedule	$122.19
51726	COMPLEX CYSTOMETROGRAM	Y	-	1/1/2026	Fee Schedule	$137.79
51727	CYSTOMETROGRAM W/UP	Y	-	1/1/2026	Fee Schedule	$225.57
51728	CYSTOMETROGRAM W/VP	Y	-	1/1/2026	Fee Schedule	$233.29
51729	CYSTOMETROGRAM W/VP&UP	Y	-	1/1/2026	Fee Schedule	$228.26
51736	URINE FLOW MEASUREMENT	-	-	7/1/2018	No Separate Payment	$0.00
51741	ELECTRO-UROFLOWMETRY FIRST	-	-	7/1/2018	No Separate Payment	$0.00
51784	ANAL/URINARY MUSCLE STUDY	-	-	1/1/2026	Fee Schedule	$29.20
51785	ANAL/URINARY MUSCLE STUDY	Y	-	1/1/2026	Fee Schedule	$137.79
51792	URINARY REFLEX STUDY	-	-	7/1/2018	No Separate Payment	$0.00
51797	INTRAABDOMINAL PRESSURE TEST	-	-	7/1/2018	No Separate Payment	$0.00
51798	US URINE CAPACITY MEASURE	-	-	7/1/2018	No Separate Payment	$0.00
51840	ATTACH BLADDER/URETHRA	Y	-	1/1/2026	Fee Schedule	$2,295.55
51845	REPAIR BLADDER NECK	Y	-	1/1/2026	Fee Schedule	$2,295.55
51860	REPAIR OF BLADDER WOUND	Y	-	1/1/2026	Fee Schedule	$4,995.80
51880	REPAIR OF BLADDER OPENING	Y	-	1/1/2026	Fee Schedule	$1,723.02
51990	LAPARO URETHRAL SUSPENSION	Y	-	1/1/2026	Fee Schedule	$3,030.97
51992	LAPARO SLING OPERATION	Y	-	1/1/2026	Fee Schedule	$4,168.43
52000	CYSTOURETHROSCOPY	Y	-	1/1/2026	Fee Schedule	$310.63
52001	CYSTO W/IRRG&EVAC MLT CLOTS	Y	-	1/1/2026	Fee Schedule	$1,723.02
52005	CYSTO W/URTRL CATHJ	Y	-	1/1/2026	Fee Schedule	$1,001.95
52007	CYSTO URTRL CATHJ BRUSH BX	Y	-	1/1/2026	Fee Schedule	$1,723.02
52010	CYSTOSCOPY & DUCT CATHETER	Y	-	1/1/2026	Fee Schedule	$310.63
52204	CYSTOSCOPY W/BIOPSY(S)	Y	-	1/1/2026	Fee Schedule	$1,001.95
52214	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,723.02
52224	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,723.02
52234	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,723.02
52235	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,723.02
52240	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$2,729.66
52250	CYSTOSCOPY AND RADIOTRACER	Y	-	1/1/2026	Fee Schedule	$1,723.02
52260	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,001.95
52265	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$236.99
52270	CYSTOSCOPY & REVISE URETHRA	Y	-	1/1/2026	Fee Schedule	$1,001.95
52275	CYSTOSCOPY & REVISE URETHRA	Y	-	1/1/2026	Fee Schedule	$1,001.95
52276	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,001.95
52277	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,723.02
52281	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,001.95
52282	CYSTOSCOPY IMPLANT STENT	Y	-	1/1/2026	Fee Schedule	$1,723.02
52283	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,001.95
52284	CYSTO RX BALO CATH URTL STRX	Y	-	1/1/2026	Fee Schedule	$3,884.07
52285	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$310.63
52287	CYSTOSCOPY CHEMODENERVATION	Y	-	1/1/2026	Fee Schedule	$1,001.95
52290	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,001.95
52300	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,723.02

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
52301	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,723.02
52305	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$2,729.66
52310	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,001.95
52315	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,001.95
52317	REMOVE BLADDER STONE	Y	-	1/1/2026	Fee Schedule	$1,723.02
52318	REMOVE BLADDER STONE	Y	-	1/1/2026	Fee Schedule	$1,723.02
52320	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,723.02
52325	CYSTOSCOPY STONE REMOVAL	Y	-	1/1/2026	Fee Schedule	$2,729.66
52327	CYSTOSCOPY INJECT MATERIAL	Y	-	1/1/2026	Fee Schedule	$3,847.16
52330	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,723.02
52332	CYSTOSCOPY AND TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,723.02
52334	CREATE PASSAGE TO KIDNEY	Y	-	1/1/2026	Fee Schedule	$1,723.02
52341	CYSTO W/URETER STRICTURE TX	Y	-	1/1/2026	Fee Schedule	$1,723.02
52342	CYSTO W/UP STRICTURE TX	Y	-	1/1/2026	Fee Schedule	$1,723.02
52343	CYSTO W/RENAL STRICTURE TX	Y	-	1/1/2026	Fee Schedule	$1,723.02
52344	CYSTO/URETERO STRICTURE TX	Y	-	1/1/2026	Fee Schedule	$1,723.02
52345	CYSTO/URETERO W/UP STRICTURE	Y	-	1/1/2026	Fee Schedule	$1,723.02
52346	CYSTOURETERO W/RENAL STRICT	Y	-	1/1/2026	Fee Schedule	$2,729.66
52351	CYSTOURETERO & OR PYELOSCOPE	Y	-	1/1/2026	Fee Schedule	$1,723.02
52352	CYSTOURETERO W/STONE REMOVE	Y	-	1/1/2026	Fee Schedule	$1,723.02
52353	CYSTOURETERO W/LITHOTRIPSY	Y	-	1/1/2026	Fee Schedule	$2,729.66
52354	CYSTOURETERO W/BIOPSY	Y	-	1/1/2026	Fee Schedule	$2,729.66
52355	CYSTOURETERO W/EXCISE TUMOR	Y	-	1/1/2026	Fee Schedule	$2,729.66
52356	CYSTO/URETERO W/LITHOTRIPSY	Y	-	1/1/2026	Fee Schedule	$2,729.66
52400	CYSTO CGEN POST URTL VALVES	Y	-	1/1/2026	Fee Schedule	$1,723.02
52402	CYSTO TRURL RESCJ EJACUL DUX	Y	-	1/1/2026	Fee Schedule	$1,723.02
52443	CYSTO 1ST TRURL PRST8 COMIS	Y	-	1/1/2026	Fee Schedule	$7,618.93
52450	TRANSURETHRAL INC PROSTATE	Y	-	1/1/2026	Fee Schedule	$1,723.02
52500	TRURL RESECTION BLADDER NECK	Y	-	1/1/2026	Fee Schedule	$1,723.02
52597	TRURL RBTC WTRJT RESCJ PRST8	Y	-	1/1/2026	Fee Schedule	$6,949.81
52601	PROSTATECTOMY (TURP)	Y	-	1/1/2026	Fee Schedule	$2,729.66
52630	REMOVE PROSTATE REGROWTH	Y	-	1/1/2026	Fee Schedule	$2,729.66
52640	RELIEVE BLADDER CONTRACTURE	Y	-	1/1/2026	Fee Schedule	$1,723.02
52648	LASER SURGERY OF PROSTATE	Y	-	1/1/2026	Fee Schedule	$2,729.66
52649	PROSTATE LASER ENUCLEATION	Y	-	1/1/2026	Fee Schedule	$2,729.66
52700	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2026	Fee Schedule	$1,723.02
53000	INCISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,001.95
53010	INCISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$2,729.66
53020	INCISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,001.95
53025	INCISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,001.95
53040	DRAINAGE OF URETHRA ABSCESS	Y	-	1/1/2026	Fee Schedule	$1,723.02
53060	DRAINAGE OF URETHRA ABSCESS	Y	-	1/1/2026	Fee Schedule	$88.95
53080	DRAINAGE OF URINARY LEAKAGE	Y	-	1/1/2026	Fee Schedule	$310.63
53085	DRAINAGE OF URINARY LEAKAGE	Y	-	1/1/2026	Fee Schedule	$1,001.95
53200	BIOPSY OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,001.95
53210	REMOVAL OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,723.02
53215	REMOVAL OF URETHRA	Y	-	1/1/2026	Fee Schedule	$2,729.66
53220	TREATMENT OF URETHRA LESION	Y	-	1/1/2026	Fee Schedule	$1,723.02
53230	REMOVAL OF URETHRA LESION	Y	-	1/1/2026	Fee Schedule	$2,729.66
53235	REMOVAL OF URETHRA LESION	Y	-	1/1/2026	Fee Schedule	$2,729.66
53240	SURGERY FOR URETHRA POUCH	Y	-	1/1/2026	Fee Schedule	$1,723.02
53250	REMOVAL OF URETHRA GLAND	Y	-	1/1/2026	Fee Schedule	$1,723.02
53260	TREATMENT OF URETHRA LESION	Y	-	1/1/2026	Fee Schedule	$1,723.02
53265	TREATMENT OF URETHRA LESION	Y	-	1/1/2026	Fee Schedule	$1,001.95

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53270	REMOVAL OF URETHRA GLAND	Y	-	1/1/2026	Fee Schedule	$1,723.02
53275	REPAIR OF URETHRA DEFECT	Y	-	1/1/2026	Fee Schedule	$1,723.02
53400	REVISE URETHRA STAGE 1	Y	-	1/1/2026	Fee Schedule	$2,729.66
53405	REVISE URETHRA STAGE 2	Y	-	1/1/2026	Fee Schedule	$2,729.66
53410	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$2,729.66
53420	RECONSTRUCT URETHRA STAGE 1	Y	-	1/1/2026	Fee Schedule	$2,729.66
53425	RECONSTRUCT URETHRA STAGE 2	Y	-	1/1/2026	Fee Schedule	$2,729.66
53430	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$2,729.66
53431	RECONSTRUCT URETHRA/BLADDER	Y	-	1/1/2026	Fee Schedule	$2,729.66
53440	MALE SLING PROCEDURE	Y	-	1/1/2026	Fee Schedule	$10,826.41
53442	REMOVE/REVISE MALE SLING	Y	-	1/1/2026	Fee Schedule	$2,729.66
53444	INSERT TANDEM CUFF	Y	-	1/1/2026	Fee Schedule	$17,531.65
53445	INSERT URO/VES NCK SPHINCTER	Y	-	1/1/2026	Fee Schedule	$18,006.80
53446	REMOVE URO SPHINCTER	-	-	1/1/2026	Fee Schedule	$2,729.66
53447	REMOVE/REPLACE UR SPHINCTER	Y	-	1/1/2026	Fee Schedule	$17,695.56
53449	REPAIR URO SPHINCTER	Y	-	1/1/2026	Fee Schedule	$4,995.80
53450	REVISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,723.02
53451	TPRNL BALO CNTNC DEV BI	Y	-	1/1/2026	Fee Schedule	$11,096.11
53452	TPRNL BALO CNTNC DEV UNI	Y	-	1/1/2026	Fee Schedule	$7,754.47
53453	TPRNL BALO CNTNC DEV RMVL EA	Y	-	1/1/2026	Fee Schedule	$1,723.02
53454	TPRNL BALO CNTNC DEV ADJMT	Y	-	1/1/2026	Fee Schedule	$137.79
53460	REVISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,723.02
53500	URETHRLYS TRANSVAG W/ SCOPE	Y	-	1/1/2026	Fee Schedule	$1,723.02
53502	REPAIR OF URETHRA INJURY	Y	-	1/1/2026	Fee Schedule	$1,723.02
53505	REPAIR OF URETHRA INJURY	Y	-	1/1/2026	Fee Schedule	$2,729.66
53510	REPAIR OF URETHRA INJURY	Y	-	1/1/2026	Fee Schedule	$2,729.66
53515	REPAIR OF URETHRA INJURY	Y	-	1/1/2026	Fee Schedule	$2,729.66
53520	REPAIR OF URETHRA DEFECT	Y	-	1/1/2026	Fee Schedule	$2,729.66
53600	DILATE URETHRA STRICTURE	Y	-	1/1/2026	Fee Schedule	$46.99
53601	DILATE URETHRA STRICTURE	-	-	7/1/2018	No Separate Payment	$0.00
53605	DILATE URETHRA STRICTURE	Y	-	1/1/2026	Fee Schedule	$1,723.02
53620	DILATE URETHRA STRICTURE	Y	-	1/1/2026	Fee Schedule	$114.80
53621	DILATE URETHRA STRICTURE	Y	-	1/1/2026	Fee Schedule	$117.82
53660	DILATION OF URETHRA	-	-	1/1/2026	Fee Schedule	$53.37
53661	DILATION OF URETHRA	-	-	7/1/2018	No Separate Payment	$0.00
53665	DILATION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,001.95
53850	PROSTATIC MICROWAVE THERMOTX	Y	-	1/1/2026	Fee Schedule	$1,235.62
53852	PROSTATIC RF THERMOTX	Y	-	1/1/2026	Fee Schedule	$1,184.93
53854	TRURL DSTRJ PRST8 TISS RF WV	Y	-	1/1/2026	Fee Schedule	$1,723.02
53855	INSERT PROST URETHRAL STENT	Y	-	1/1/2026	Fee Schedule	$1,595.00
53860	TRANSURETHRAL RF TREATMENT	Y	-	1/1/2026	Fee Schedule	$1,001.95
53865	CYSTO INSJ DEV ISCHMC RMDLG	Y	-	1/1/2026	Fee Schedule	$7,734.25
53866	CATHJ RMVL DEV ISCHMC RMDLG	Y	-	1/1/2026	Fee Schedule	$91.64
54000	SLITTING OF PREPUCE	Y	-	1/1/2026	Fee Schedule	$1,723.02
54001	SLITTING OF PREPUCE	Y	-	1/1/2026	Fee Schedule	$1,001.95
54015	I&D PENIS DEEP	Y	-	1/1/2026	Fee Schedule	$742.04
54050	DESTRUCTION PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	$0.00
54055	DESTRUCTION PENIS LESION(S)	Y	-	1/1/2026	Fee Schedule	$94.32
54056	CRYOSURGERY PENIS LESION(S)	-	-	7/1/2018	No Separate Payment	$0.00
54057	LASER SURG PENIS LESION(S)	Y	-	1/1/2026	Fee Schedule	$1,128.57
54060	EXCISION OF PENIS LESION(S)	Y	-	1/1/2026	Fee Schedule	$1,128.57
54065	DESTRUCTION PENIS LESION(S)	Y	-	1/1/2026	Fee Schedule	$1,128.57
54100	BIOPSY OF PENIS	Y	-	1/1/2026	Fee Schedule	$742.04
54105	BIOPSY OF PENIS	Y	-	1/1/2026	Fee Schedule	$1,248.36

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54110	TREATMENT OF PENIS LESION	Y	-	1/1/2026	Fee Schedule	$1,723.02
54111	TREAT PENIS LESION GRAFT	Y	-	1/1/2026	Fee Schedule	$2,729.66
54112	TREAT PENIS LESION GRAFT	Y	-	1/1/2026	Fee Schedule	$4,995.80
54115	TREATMENT OF PENIS LESION	Y	-	1/1/2026	Fee Schedule	$1,248.36
54120	PARTIAL REMOVAL OF PENIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54150	CIRCUMCISION W/REGIONL BLOCK	Y	-	1/1/2026	Fee Schedule	$1,001.95
54160	CIRCUMCISION NEONATE	Y	-	1/1/2026	Fee Schedule	$310.63
54161	CIRCUM 28 DAYS OR OLDER	Y	-	1/1/2026	Fee Schedule	$1,001.95
54162	LYSIS PENIL CIRCUMIC LESION	Y	-	1/1/2026	Fee Schedule	$1,001.95
54163	REPAIR OF CIRCUMCISION	Y	-	1/1/2026	Fee Schedule	$1,001.95
54164	FRENULOTOMY OF PENIS	Y	-	1/1/2026	Fee Schedule	$1,001.95
54200	INJECTION PX PEYRONIE DS	Y	-	1/1/2026	Fee Schedule	$80.90
54205	NJX PX PEYRONIE DS EXPS PLAQ	Y	-	1/1/2026	Fee Schedule	$2,729.66
54220	IRRG CRPRA CAVRNOSA PRIAPISM	Y	-	1/1/2026	Fee Schedule	$137.79
54230	NJX CORPORA CAVERNOSOGRAPY	-	-	7/1/2018	Not Allowed	$0.00
54231	DYNAMIC CAVERNOSOMETRY	-	-	4/1/2024	Not Allowed	$0.00
54235	NJX CORPORA CAVERNOSA RX AGT	-	-	4/1/2024	Not Allowed	$0.00
54240	PENILE PLETHYSMOGRAPHY	-	-	4/1/2024	Not Allowed	$0.00
54250	NCTRNL PEN TMSCN&/RGDITY TST	-	-	4/1/2024	Not Allowed	$0.00
54300	REVISION OF PENIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54304	REVISION OF PENIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54308	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$2,729.66
54312	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,723.02
54316	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$4,995.80
54318	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,723.02
54322	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,723.02
54324	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,723.02
54326	RECONSTRUCTION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$1,723.02
54328	REVISE PENIS/URETHRA	Y	-	1/1/2026	Fee Schedule	$1,723.02
54332	REVISE PENIS/URETHRA	-	-	1/1/2022	Not Allowed	$0.00
54336	REVISE PENIS/URETHRA	-	-	1/1/2022	Not Allowed	$0.00
54340	RPR HYPSPAD COMP SIMPLE	Y	-	1/1/2026	Fee Schedule	$1,723.02
54344	RRP HYPSPAD COMP MOBLJ&URTP	Y	-	1/1/2026	Fee Schedule	$4,995.80
54348	RPR HYPSPAD COMP DSJ & URTP	Y	-	1/1/2026	Fee Schedule	$2,729.66
54352	REVJ PRIOR HYPSPAD REPAIR	Y	-	1/1/2026	Fee Schedule	$2,729.66
54360	PENIS PLASTIC SURGERY	Y	Y	1/1/2026	Fee Schedule	$1,723.02
54380	REPAIR PENIS	Y	-	1/1/2026	Fee Schedule	$1,001.95
54385	REPAIR PENIS	Y	-	1/1/2026	Fee Schedule	$1,001.95
54400	INSERT SEMI-RIGID PROSTHESIS	-	-	4/1/2024	Not Allowed	$0.00
54401	INSERT SELF-CONTD PROSTHESIS	-	-	4/1/2024	Not Allowed	$0.00
54405	INSERT MULTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	$0.00
54406	REMOVE MUTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	$0.00
54408	REPAIR MULTI-COMP PENIS PROS	-	-	4/1/2024	Not Allowed	$0.00
54410	REMOVE/REPLACE PENIS PROSTH	-	-	4/1/2024	Not Allowed	$0.00
54411	REMOV/REPLC PENIS PROS COMP	-	-	1/1/2022	Not Allowed	$0.00
54415	REMOVE SELF-CONTD PENIS PROS	-	-	4/1/2024	Not Allowed	$0.00
54416	REMV/REPL PENIS CONTAIN PROS	-	-	4/1/2024	Not Allowed	$0.00
54417	REMV/REPLC PENIS PROS COMPL	-	-	1/1/2022	Not Allowed	$0.00
54420	REVISION OF PENIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54435	REVISION OF PENIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54437	REPAIR CORPOREAL TEAR	Y	-	1/1/2026	Fee Schedule	$1,723.02
54440	REPAIR OF PENIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54450	PREPUTIAL STRETCHING	Y	-	1/1/2026	Fee Schedule	$137.79
54500	BIOPSY OF TESTIS	Y	-	1/1/2026	Fee Schedule	$1,248.36

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54505	BIOPSY OF TESTIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54512	EXCISE LESION TESTIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54520	REMOVAL OF TESTIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54522	ORCHIECTOMY PARTIAL	Y	-	1/1/2026	Fee Schedule	$1,723.02
54530	REMOVAL OF TESTIS	Y	-	1/1/2026	Fee Schedule	$1,744.22
54535	EXTENSIVE TESTIS SURGERY	-	-	1/1/2022	Not Allowed	$0.00
54550	EXPLORATION FOR TESTIS	Y	-	1/1/2026	Fee Schedule	$1,744.22
54560	EXPLORATION FOR TESTIS	Y	-	1/1/2026	Fee Schedule	$1,001.95
54600	REDUCE TESTIS TORSION	Y	-	1/1/2026	Fee Schedule	$1,723.02
54620	SUSPENSION OF TESTIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54640	ORCHIOPEXY INGUN/SCROT APPR	Y	-	1/1/2026	Fee Schedule	$1,744.22
54650	ORCHIOPEXY (FOWLER-STEPHENS)	Y	-	1/1/2026	Fee Schedule	$1,744.22
54660	REVISION OF TESTIS	Y	-	1/1/2026	Fee Schedule	$3,681.87
54670	REPAIR TESTIS INJURY	Y	-	1/1/2026	Fee Schedule	$1,723.02
54680	RELOCATION OF TESTIS(ES)	Y	-	1/1/2026	Fee Schedule	$1,723.02
54690	LAPAROSCOPY ORCHIECTOMY	Y	-	1/1/2026	Fee Schedule	$3,030.97
54692	LAPAROSCOPY ORCHIOPEXY	Y	-	1/1/2026	Fee Schedule	$3,030.97
54700	I&D EPDIDYMS TSTIS&/SCROT SP	Y	-	1/1/2026	Fee Schedule	$1,001.95
54800	BIOPSY OF EPIDIDYMIS	Y	-	1/1/2026	Fee Schedule	$742.04
54830	REMOVE EPIDIDYMIS LESION	Y	-	1/1/2026	Fee Schedule	$1,723.02
54840	REMOVE EPIDIDYMIS LESION	Y	-	1/1/2026	Fee Schedule	$1,001.95
54860	REMOVAL OF EPIDIDYMIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54861	REMOVAL OF EPIDIDYMIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54865	EXPLORE EPIDIDYMIS	Y	-	1/1/2026	Fee Schedule	$1,723.02
54900	FUSION OF SPERMATIC DUCTS	Y	-	1/1/2026	Fee Schedule	$1,001.95
54901	FUSION OF SPERMATIC DUCTS	Y	-	1/1/2026	Fee Schedule	$1,723.02
55000	DRAINAGE OF HYDROCELE	Y	-	1/1/2026	Fee Schedule	$74.18
55040	REMOVAL OF HYDROCELE	Y	-	1/1/2026	Fee Schedule	$1,744.22
55041	REMOVAL OF HYDROCELES	Y	-	1/1/2026	Fee Schedule	$1,744.22
55060	REPAIR OF HYDROCELE	Y	-	1/1/2026	Fee Schedule	$1,723.02
55100	DRAINAGE OF SCROTUM ABSCESS	Y	-	1/1/2026	Fee Schedule	$742.04
55110	EXPLORE SCROTUM	Y	-	1/1/2026	Fee Schedule	$1,723.02
55120	REMOVAL OF SCROTUM LESION	Y	-	1/1/2026	Fee Schedule	$1,001.95
55150	REMOVAL OF SCROTUM	Y	-	1/1/2026	Fee Schedule	$1,723.02
55175	REVISION OF SCROTUM	Y	-	1/1/2026	Fee Schedule	$1,723.02
55180	REVISION OF SCROTUM	Y	-	1/1/2026	Fee Schedule	$2,729.66
55200	INCISION OF SPERM DUCT	Y	-	1/1/2026	Fee Schedule	$1,723.02
55250	REMOVAL OF SPERM DUCT(S)	Y	-	1/1/2026	Fee Schedule	$1,001.95
55300	PREPARE SPERM DUCT X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
55400	REPAIR OF SPERM DUCT	Y	-	1/1/2026	Fee Schedule	$1,723.02
55500	REMOVAL OF HYDROCELE	Y	-	1/1/2026	Fee Schedule	$1,723.02
55520	REMOVAL OF SPERM CORD LESION	Y	-	1/1/2026	Fee Schedule	$1,723.02
55530	REVISE SPERMATIC CORD VEINS	Y	-	1/1/2026	Fee Schedule	$1,723.02
55535	REVISE SPERMATIC CORD VEINS	Y	-	1/1/2026	Fee Schedule	$3,365.12
55540	REVISE HERNIA & SPERM VEINS	Y	-	1/1/2026	Fee Schedule	$1,744.22
55550	LAPARO LIGATE SPERMATIC VEIN	Y	-	1/1/2026	Fee Schedule	$3,030.97
55600	VESICULOTOMY	Y	-	1/1/2026	Fee Schedule	$1,001.95
55680	REMOVE SPERM POUCH LESION	Y	-	1/1/2026	Fee Schedule	$1,723.02
55705	BX PRST8 ANY APPROACH NONIMG	Y	-	1/1/2026	Fee Schedule	$1,723.02
55706	BX PRST8 NDL SAT SAMPLING	Y	-	1/1/2026	Fee Schedule	$1,723.02
55707	BX PRST8 TRCT US GUIDED	Y	-	1/1/2026	Fee Schedule	$1,723.02
55708	BX PRST8 TRCT US W/MRI FUS 1	Y	-	1/1/2026	Fee Schedule	$1,723.02
55709	BX PRST8 TPRNL US GUIDED	Y	-	1/1/2026	Fee Schedule	$1,723.02
55710	BX PRST8 TPRN US W/MRI FUS 1	Y	-	1/1/2026	Fee Schedule	$1,723.02

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55711	BX PRST8 TRCT MRI-US 1ST	Y	-	1/1/2026	Fee Schedule	$1,723.02
55712	BX PRST8 TPRNL MRI-US 1ST	Y	-	1/1/2026	Fee Schedule	$1,723.02
55713	BX PRST8 IN-BORE CT/MRI BX 1	Y	-	1/1/2026	Fee Schedule	$2,729.66
55714	BX PRST8 IN-BORE CT/MRI 1	Y	-	1/1/2026	Fee Schedule	$2,729.66
55715	BX PRST8 EA ADD MRI-US/CT/MR	-	-	1/1/2026	No Separate Payment	$0.00
55720	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2026	Fee Schedule	$1,723.02
55725	DRAINAGE OF PROSTATE ABSCESS	Y	-	1/1/2026	Fee Schedule	$1,723.02
55860	SURGICAL EXPOSURE PROSTATE	Y	-	1/1/2026	Fee Schedule	$2,729.66
55866	LAPS SURG PRST8ECT RPBIC RAD	-	-	1/1/2022	Not Allowed	$0.00
55867	LAPS SURG PRST8ECT SMPL STOT	Y	-	1/1/2026	Fee Schedule	$5,120.50
55868	LAP SRG PRST8CT LYMPH NOD BX	Y	-	1/1/2026	Fee Schedule	$5,120.50
55869	LAP SRG PRST8CT BI PL LMPHAD	Y	-	1/1/2026	Fee Schedule	$5,120.50
55870	ELECTROEJACULATION	-	-	4/1/2024	Not Allowed	$0.00
55873	CRYOABLATE PROSTATE	Y	-	1/1/2026	Fee Schedule	$7,397.75
55874	TPRNL PLMT BIODEGRDABL MATRL	Y	-	1/1/2026	Fee Schedule	$4,229.69
55875	TRANSPERI NEEDLE PLACE PROS	Y	-	1/1/2026	Fee Schedule	$2,729.66
55876	PLACE RT DEVICE/MARKER PROS	-	-	1/1/2026	Fee Schedule	$981.33
55877	ABLTJ IRE PRST8 1+ TUM PERQ	Y	-	1/1/2026	Fee Schedule	$7,609.75
55880	ABLTJ MAL PRST8 TISS HIFU	Y	-	1/1/2026	Fee Schedule	$4,995.80
55882	ABLT TRURL PRST8 TIS TRNSDCR	Y	-	1/1/2026	Fee Schedule	$10,873.65
55920	PLACE NEEDLES PELVIC FOR RT	Y	-	1/1/2026	Fee Schedule	$2,295.55
55970	SEX TRANSFORMATION M TO F	-	-	7/1/2021	Not Allowed	$0.00
55980	SEX TRANSFORMATION F TO M	-	-	7/1/2021	Not Allowed	$0.00
56405	I&D VULVA/PERINEAL ABSCESS	Y	-	1/1/2026	Fee Schedule	$89.29
56420	I&D BARTHOLINS GLAND ABSCESS	Y	-	1/1/2026	Fee Schedule	$111.71
56440	MRSPLZATN BRTHLNS GLND CST	Y	-	1/1/2026	Fee Schedule	$1,738.07
56441	LYSIS OF LABIAL ADHESIONS	Y	-	1/1/2026	Fee Schedule	$1,738.07
56442	HYMENOTOMY	Y	-	1/1/2026	Fee Schedule	$1,738.07
56501	DESTROY VULVA LESIONS SIM	Y	-	1/1/2026	Fee Schedule	$125.88
56515	DESTROY VULVA LESION/S COMPL	Y	-	1/1/2026	Fee Schedule	$1,128.57
56605	BIOPSY OF VULVA/PERINEUM	Y	-	1/1/2026	Fee Schedule	$52.03
56606	BIOPSY OF VULVA/PERINEUM	-	-	7/1/2018	No Separate Payment	$0.00
56620	VULVECTOMY SIMPLE PARTIAL	Y	-	1/1/2026	Fee Schedule	$1,738.07
56625	VULVECTOMY SIMPLE COMPLETE	Y	-	1/1/2026	Fee Schedule	$1,738.07
56630	VULVECTOMY RADICAL PARTIAL	Y	-	1/1/2026	Fee Schedule	$2,295.55
56700	PRTL HYMNCTMY/REVJ HYMNL RNG	Y	-	1/1/2026	Fee Schedule	$1,738.07
56740	EXC BARTHOLINS GLAND/CYST	Y	-	1/1/2026	Fee Schedule	$1,738.07
56800	PLASTIC REPAIR INTROITUS	Y	-	1/1/2026	Fee Schedule	$1,738.07
56805	CLITOROPLASTY INTERSEX STATE	Y	-	1/1/2026	Fee Schedule	$1,738.07
56810	PERINEOPLASTY RPR PER NONOB	Y	-	1/1/2026	Fee Schedule	$1,738.07
56820	COLPOSCOPY VULVA	Y	-	1/1/2026	Fee Schedule	$70.49
56821	COLPOSCOPY VULVA W/BIOPSY	Y	-	1/1/2026	Fee Schedule	$91.97
57000	COLPOTOMY W/EXPLORATION	Y	-	1/1/2026	Fee Schedule	$1,738.07
57010	COLPOTOMY DRG PEL ABSCESS	Y	-	1/1/2026	Fee Schedule	$1,738.07
57020	COLPOCENTESIS SEP PX	Y	-	1/1/2026	Fee Schedule	$2,295.55
57022	I&D VAGINAL HEMATOMA OB/PP	Y	-	1/1/2026	Fee Schedule	$1,248.36
57023	I&D VAGINAL HEMATOMA NON-OB	Y	-	1/1/2026	Fee Schedule	$1,248.36
57061	DESTRUCTION VAG LESIONS SMPL	Y	-	1/1/2026	Fee Schedule	$114.13
57065	DESTRUCTION VAG LESION XTNSV	Y	-	1/1/2026	Fee Schedule	$1,738.07
57100	BIOPSY VAGINAL MUCOSA SIMPLE	Y	-	1/1/2026	Fee Schedule	$59.08
57105	BIOPSY VAGINAL MUCOSA XTNSV	Y	-	1/1/2026	Fee Schedule	$1,738.07
57106	VAGNC PRTL RMVL VAG WALL	Y	-	1/1/2026	Fee Schedule	$1,738.07
57107	VAGNC COMPL RMVL PARAVAG TIS	Y	-	1/1/2026	Fee Schedule	$1,738.07
57109	VAGNC BI TOTAL PEL LYMPHADEC	Y	-	1/1/2026	Fee Schedule	$1,738.07

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57120	COLPOCLEISIS LE FORT TYPE	Y	-	1/1/2026	Fee Schedule	$2,295.55
57130	EXCISION VAGINAL SEPTUM	Y	-	1/1/2026	Fee Schedule	$1,738.07
57135	EXCISION VAGINAL CYST/TUMOR	Y	-	1/1/2026	Fee Schedule	$1,738.07
57150	TREAT VAGINA INFECTION	-	-	7/1/2018	No Separate Payment	$0.00
57155	INSERT UTERI TANDEM/OVOIDS	Y	-	1/1/2026	Fee Schedule	$2,295.55
57156	INS VAG BRACHYTX DEVICE	Y	-	1/1/2026	Fee Schedule	$166.92
57160	INSERT PESSARY/OTHER DEVICE	Y	-	1/1/2026	Fee Schedule	$36.59
57170	FITTING OF DIAPHRAGM/CAP	Y	-	1/1/2026	Fee Schedule	$37.93
57180	TREAT VAGINAL BLEEDING	Y	-	1/1/2026	Fee Schedule	$111.71
57200	REPAIR OF VAGINA	Y	-	1/1/2026	Fee Schedule	$1,738.07
57210	REPAIR VAGINA/PERINEUM	Y	-	1/1/2026	Fee Schedule	$1,738.07
57220	REVISION OF URETHRA	Y	-	1/1/2026	Fee Schedule	$2,295.55
57230	REPAIR OF URETHRAL LESION	Y	-	1/1/2026	Fee Schedule	$1,738.07
57240	ANTERIOR COLPORRHAPHY	Y	-	1/1/2026	Fee Schedule	$2,295.55
57250	REPAIR RECTUM & VAGINA	Y	-	1/1/2026	Fee Schedule	$2,295.55
57260	CMBN ANT PST COLPRHY	Y	-	1/1/2026	Fee Schedule	$2,295.55
57265	CMBN AP COLPRHY W/NTRCL RPR	Y	-	1/1/2026	Fee Schedule	$2,295.55
57267	INSERT MESH/PELVIC FLR ADDON	-	-	7/1/2018	No Separate Payment	$0.00
57268	REPAIR OF BOWEL BULGE	Y	-	1/1/2026	Fee Schedule	$2,295.55
57282	COLPOPEXY EXTRAPERITONEAL	Y	-	1/1/2026	Fee Schedule	$3,227.39
57283	COLPOPEXY INTRAPERITONEAL	Y	-	1/1/2026	Fee Schedule	$3,227.39
57284	REPAIR PARAVAG DEFECT OPEN	Y	-	1/1/2026	Fee Schedule	$3,031.87
57285	REPAIR PARAVAG DEFECT VAG	Y	-	1/1/2026	Fee Schedule	$3,227.39
57287	REVISE/REMOVE SLING REPAIR	-	-	1/1/2026	Fee Schedule	$1,738.07
57288	REPAIR BLADDER DEFECT	Y	-	1/1/2026	Fee Schedule	$2,973.54
57289	REPAIR BLADDER & VAGINA	Y	-	1/1/2026	Fee Schedule	$3,227.39
57291	CONSTRUCTION OF VAGINA	-	-	4/1/2024	Not Allowed	$0.00
57292	CONSTRUCT VAGINA WITH GRAFT	-	-	1/1/2022	Not Allowed	$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y	-	1/1/2026	Fee Schedule	$1,738.07
57300	REPAIR RECTUM-VAGINA FISTULA	Y	-	1/1/2026	Fee Schedule	$1,738.07
57310	REPAIR URETHROVAGINAL LESION	Y	-	1/1/2026	Fee Schedule	$3,227.39
57320	REPAIR BLADDER-VAGINA LESION	Y	-	1/1/2026	Fee Schedule	$2,295.55
57330	REPAIR BLADDER-VAGINA LESION	Y	-	1/1/2026	Fee Schedule	$3,227.39
57335	REPAIR VAGINA	-	-	1/1/2022	Not Allowed	$0.00
57400	DILATION OF VAGINA	Y	-	1/1/2026	Fee Schedule	$1,738.07
57410	PELVIC EXAMINATION	Y	-	1/1/2026	Fee Schedule	$1,738.07
57415	REMOVE VAGINAL FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$1,738.07
57420	EXAM OF VAGINA W/SCOPE	Y	-	1/1/2026	Fee Schedule	$75.86
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y	-	1/1/2026	Fee Schedule	$96.67
57423	REPAIR PARAVAG DEFECT LAP	Y	-	1/1/2026	Fee Schedule	$5,120.50
57425	LAPAROSCOPY SURG COLPOPEXY	Y	-	1/1/2026	Fee Schedule	$5,120.50
57426	REVISE PROSTH VAG GRAFT LAP	Y	-	1/1/2026	Fee Schedule	$3,227.39
57452	EXAM OF CERVIX W/SCOPE	Y	-	1/1/2026	Fee Schedule	$68.48
57454	BX/CURETT OF CERVIX W/SCOPE	Y	-	1/1/2026	Fee Schedule	$77.54
57455	BIOPSY OF CERVIX W/SCOPE	Y	-	1/1/2026	Fee Schedule	$84.59
57456	ENDOCERV CURETTAGE W/SCOPE	Y	-	1/1/2026	Fee Schedule	$79.89
57460	BX OF CERVIX W/SCOPE LEEP	Y	-	1/1/2026	Fee Schedule	$202.08
57461	CONZ OF CERVIX W/SCOPE LEEP	Y	-	1/1/2026	Fee Schedule	$218.86
57500	BIOPSY OF CERVIX	Y	-	1/1/2026	Fee Schedule	$106.07
57505	ENDOCERVICAL CURETTAGE	Y	-	1/1/2026	Fee Schedule	$103.72
57510	CAUTERIZATION OF CERVIX	Y	-	1/1/2026	Fee Schedule	$90.97
57511	CRYOCAUTERY OF CERVIX	Y	-	1/1/2026	Fee Schedule	$115.81
57513	LASER SURGERY OF CERVIX	Y	-	1/1/2026	Fee Schedule	$1,738.07
57520	CONIZATION OF CERVIX	Y	-	1/1/2026	Fee Schedule	$1,738.07

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57522	CONIZATION OF CERVIX	Y	-	1/1/2026	Fee Schedule	$1,738.07
57530	REMOVAL OF CERVIX	Y	-	1/1/2026	Fee Schedule	$2,295.55
57550	REMOVAL OF RESIDUAL CERVIX	Y	-	1/1/2026	Fee Schedule	$2,295.55
57555	REMOVE CERVIX/REPAIR VAGINA	Y	-	1/1/2026	Fee Schedule	$2,295.55
57556	REMOVE CERVIX REPAIR BOWEL	Y	-	1/1/2026	Fee Schedule	$2,295.55
57558	D&C OF CERVICAL STUMP	Y	-	1/1/2026	Fee Schedule	$1,738.07
57700	REVISION OF CERVIX	Y	-	1/1/2026	Fee Schedule	$1,738.07
57720	REVISION OF CERVIX	Y	-	1/1/2026	Fee Schedule	$1,738.07
57800	DILATION OF CERVICAL CANAL	Y	-	1/1/2026	Fee Schedule	$44.64
58100	BIOPSY OF UTERUS LINING	Y	-	1/1/2026	Fee Schedule	$52.03
58110	BX DONE W/COLPOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
58120	DILATION AND CURETTAGE	Y	-	1/1/2026	Fee Schedule	$1,738.07
58145	MYOMECTOMY VAG METHOD	Y	-	1/1/2026	Fee Schedule	$1,738.07
58260	VAGINAL HYSTERECTOMY	Y	-	1/1/2026	Fee Schedule	$2,295.55
58262	VAG HYST INCLUDING T/O	Y	-	1/1/2026	Fee Schedule	$2,295.55
58263	VAG HYST W/T/O & VAG REPAIR	Y	-	1/1/2026	Fee Schedule	$2,295.55
58270	VAG HYST W/ENTEROCELE REPAIR	Y	-	1/1/2026	Fee Schedule	$2,295.55
58290	VAG HYST COMPLEX	Y	-	1/1/2026	Fee Schedule	$3,227.39
58291	VAG HYST INCL T/O COMPLEX	Y	-	1/1/2026	Fee Schedule	$2,295.55
58292	VAG HYST T/O & REPAIR COMPL	Y	-	1/1/2026	Fee Schedule	$3,227.39
58294	VAG HYST W/ENTEROCELE COMPL	Y	-	1/1/2026	Fee Schedule	$2,295.55
58301	REMOVE INTRAUTERINE DEVICE	-	-	1/1/2026	Fee Schedule	$63.44
58321	ARTIFICIAL INSEMINATION	-	-	4/1/2024	Not Allowed	$0.00
58322	ARTIFICIAL INSEMINATION	-	-	4/1/2024	Not Allowed	$0.00
58323	SPERM WASHING	-	-	4/1/2024	Not Allowed	$0.00
58340	CATHETER FOR HYSTEROGRAPHY	-	-	7/1/2018	No Separate Payment	$0.00
58345	REOPEN FALLOPIAN TUBE	-	-	4/1/2024	Not Allowed	$0.00
58346	INSERT HEYMAN UTERI CAPSULE	Y	-	1/1/2026	Fee Schedule	$2,295.55
58350	REOPEN FALLOPIAN TUBE	Y	-	1/1/2026	Fee Schedule	$2,295.55
58353	ENDOMETR ABLATE THERMAL	Y	-	1/1/2026	Fee Schedule	$2,295.55
58356	ENDOMETRIAL CRYOABLATION	Y	-	1/1/2026	Fee Schedule	$1,378.95
58541	LSH UTERUS 250 G OR LESS	Y	-	1/1/2026	Fee Schedule	$5,120.50
58542	LSH W/T/O UT 250 G OR LESS	Y	-	1/1/2026	Fee Schedule	$5,120.50
58543	LSH UTERUS ABOVE 250 G	Y	-	1/1/2026	Fee Schedule	$5,120.50
58544	LSH W/T/O UTERUS ABOVE 250 G	Y	-	1/1/2026	Fee Schedule	$5,120.50
58545	LAPAROSCOPIC MYOMECTOMY	Y	-	1/1/2026	Fee Schedule	$3,030.97
58546	LAPARO-MYOMECTOMY COMPLEX	Y	-	1/1/2026	Fee Schedule	$5,120.50
58550	LAPARO-ASST VAG HYSTERECTOMY	Y	-	1/1/2026	Fee Schedule	$3,030.97
58552	LAPARO-VAG HYST INCL T/O	Y	-	1/1/2026	Fee Schedule	$5,120.50
58553	LAPARO-VAG HYST COMPLEX	Y	-	1/1/2026	Fee Schedule	$5,120.50
58554	LAPARO-VAG HYST W/T/O COMPL	Y	-	1/1/2026	Fee Schedule	$5,120.50
58555	HYSTEROSCOPY DX SEP PROC	Y	-	1/1/2026	Fee Schedule	$1,738.07
58558	HYSTEROSCOPY BIOPSY	Y	-	1/1/2026	Fee Schedule	$1,738.07
58559	HYSTEROSCOPY LYSIS	Y	-	1/1/2026	Fee Schedule	$2,295.55
58560	HYSTEROSCOPY RESECT SEPTUM	Y	-	1/1/2026	Fee Schedule	$2,295.55
58561	HYSTEROSCOPY REMOVE MYOMA	Y	-	1/1/2026	Fee Schedule	$2,295.55
58562	HYSTEROSCOPY REMOVE FB	Y	-	1/1/2026	Fee Schedule	$1,738.07
58563	HYSTEROSCOPY ABLATION	Y	-	1/1/2026	Fee Schedule	$2,295.55
58565	HYSTEROSCOPY STERILIZATION	Y	-	1/1/2026	Fee Schedule	$2,908.49
58570	TLH UTERUS 250 G OR LESS	Y	-	1/1/2026	Fee Schedule	$5,120.50
58571	TLH W/T/O 250 G OR LESS	Y	-	1/1/2026	Fee Schedule	$5,120.50
58572	TLH UTERUS OVER 250 G	Y	-	1/1/2026	Fee Schedule	$5,120.50
58573	TLH W/T/O UTERUS OVER 250 G	Y	-	1/1/2026	Fee Schedule	$5,120.50
58580	TRANSCRV ABLTJ UTRN FIBRD RF	Y	-	1/1/2026	Fee Schedule	$4,284.56

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58600	DIVISION OF FALLOPIAN TUBE	Y	-	1/1/2026	Fee Schedule	$1,738.07
58615	OCCLUDE FALLOPIAN TUBE(S)	Y	-	1/1/2026	Fee Schedule	$1,738.07
58660	LAPAROSCOPY LYSIS	Y	-	1/1/2026	Fee Schedule	$3,030.97
58661	LAPAROSCOPY REMOVE ADNEXA	Y	-	1/1/2026	Fee Schedule	$3,030.97
58662	LAPAROSCOPY EXCISE LESIONS	Y	-	1/1/2026	Fee Schedule	$3,030.97
58670	LAPAROSCOPY TUBAL CAUTERY	Y	-	1/1/2026	Fee Schedule	$3,030.97
58671	LAPAROSCOPY TUBAL BLOCK	Y	-	1/1/2026	Fee Schedule	$3,030.97
58672	LAPAROSCOPY FIMBRIOPLASTY	Y	-	1/1/2026	Fee Schedule	$3,030.97
58673	LAPAROSCOPY SALPINGOSTOMY	Y	-	1/1/2026	Fee Schedule	$5,120.50
58674	LAPS ABLTJ UTERINE FIBROIDS	Y	-	1/1/2026	Fee Schedule	$5,120.50
58770	CREATE NEW TUBAL OPENING	Y	-	1/1/2026	Fee Schedule	$1,738.07
58800	DRAINAGE OF OVARIAN CYST(S)	Y	-	1/1/2026	Fee Schedule	$1,738.07
58805	DRAINAGE OF OVARIAN CYST(S)	Y	-	1/1/2026	Fee Schedule	$1,738.07
58820	DRAIN OVARY ABSCESS OPEN	Y	-	1/1/2026	Fee Schedule	$1,738.07
58900	BIOPSY OF OVARY(S)	Y	-	1/1/2026	Fee Schedule	$1,738.07
58920	PARTIAL REMOVAL OF OVARY(S)	Y	-	1/1/2026	Fee Schedule	$3,227.39
58925	REMOVAL OF OVARIAN CYST(S)	Y	-	1/1/2026	Fee Schedule	$2,295.55
58970	RETRIEVAL OF OOCYTE	-	-	4/1/2024	Not Allowed	$0.00
58974	EMBRYO TRANSFER INTRAUTERINE	-	-	4/1/2024	Not Allowed	$0.00
58976	TRANSFER OF EMBRYO	-	-	4/1/2024	Not Allowed	$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y	-	1/1/2026	Fee Schedule	$64.11
59001	AMNIOCENTESIS THERAPEUTIC	Y	-	1/1/2026	Fee Schedule	$166.92
59012	FETAL CORD PUNCTURE PRENATAL	Y	-	1/1/2026	Fee Schedule	$166.92
59015	CHORION BIOPSY	Y	-	1/1/2026	Fee Schedule	$66.46
59020	FETAL CONTRACT STRESS TEST	Y	-	1/1/2026	Fee Schedule	$35.92
59025	FETAL NON-STRESS TEST	Y	-	1/1/2026	Fee Schedule	$20.81
59030	FETAL SCALP BLOOD SAMPLING	Y	-	1/1/2026	Fee Schedule	$166.92
59070	TRANSABDOM AMNIOINFUS W/US	Y	-	1/1/2026	Fee Schedule	$166.92
59072	UMBILICAL CORD OCCLUD W/US	Y	-	1/1/2026	Fee Schedule	$225.35
59074	FETAL FLUID DRAINAGE W/US	Y	-	1/1/2026	Fee Schedule	$166.92
59076	FETAL SHUNT PLACEMENT W/US	Y	-	1/1/2026	Fee Schedule	$166.92
59100	REMOVE UTERUS LESION	Y	-	1/1/2026	Fee Schedule	$2,295.55
59150	TREAT ECTOPIC PREGNANCY	Y	-	1/1/2026	Fee Schedule	$3,030.97
59151	TREAT ECTOPIC PREGNANCY	Y	-	1/1/2026	Fee Schedule	$3,030.97
59160	D & C AFTER DELIVERY	Y	-	1/1/2026	Fee Schedule	$1,738.07
59200	INSERT CERVICAL DILATOR	Y	-	1/1/2026	Fee Schedule	$79.55
59300	EPISIOTOMY OR VAGINAL REPAIR	Y	-	1/1/2026	Fee Schedule	$122.19
59320	REVISION OF CERVIX	Y	-	1/1/2026	Fee Schedule	$1,738.07
59409	OBSTETRICAL CARE	Y	-	1/1/2026	Fee Schedule	$1,738.07
59412	ANTEPARTUM MANIPULATION	Y	-	1/1/2026	Fee Schedule	$1,738.07
59414	DELIVER PLACENTA	Y	-	1/1/2026	Fee Schedule	$1,738.07
59612	VBAC DELIVERY ONLY	Y	-	1/1/2026	Fee Schedule	$1,738.07
59812	TREATMENT OF MISCARRIAGE	Y	-	1/1/2026	Fee Schedule	$1,738.07
59820	CARE OF MISCARRIAGE	Y	-	1/1/2026	Fee Schedule	$1,738.07
59821	TREATMENT OF MISCARRIAGE	Y	-	1/1/2026	Fee Schedule	$1,738.07
59840	INDUCED ABORTION D&C	Y	-	1/1/2026	Fee Schedule	$1,738.07
59841	INDUCED ABORTION DILAT&EVAC	Y	-	1/1/2026	Fee Schedule	$1,738.07
59866	ABORTION (MPR)	Y	-	1/1/2026	Fee Schedule	$166.92
59870	EVACUATE MOLE OF UTERUS	Y	-	1/1/2026	Fee Schedule	$1,738.07
59871	REMOVE CERCLAGE SUTURE	-	-	1/1/2026	Fee Schedule	$1,738.07
60000	I&D THYROGLSSL DUX CST INFCT	Y	-	1/1/2026	Fee Schedule	$659.17
60100	BIOPSY OF THYROID	Y	-	1/1/2026	Fee Schedule	$52.37
60200	REMOVE THYROID LESION	Y	-	1/1/2026	Fee Schedule	$3,030.97
60210	PARTIAL THYROID EXCISION	Y	-	1/1/2026	Fee Schedule	$3,030.97

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60212	PARTIAL THYROID EXCISION	Y	-	1/1/2026	Fee Schedule	$3,030.97
60220	PARTIAL REMOVAL OF THYROID	Y	-	1/1/2026	Fee Schedule	$3,030.97
60225	PARTIAL REMOVAL OF THYROID	Y	-	1/1/2026	Fee Schedule	$3,030.97
60240	REMOVAL OF THYROID	Y	-	1/1/2026	Fee Schedule	$3,030.97
60252	REMOVAL OF THYROID	Y	-	1/1/2026	Fee Schedule	$3,025.62
60260	REPEAT THYROID SURGERY	Y	-	1/1/2026	Fee Schedule	$3,025.62
60271	REMOVAL OF THYROID	Y	-	1/1/2026	Fee Schedule	$3,025.62
60280	REMOVE THYROID DUCT LESION	Y	-	1/1/2026	Fee Schedule	$3,030.97
60281	REMOVE THYROID DUCT LESION	Y	-	1/1/2026	Fee Schedule	$3,030.97
60300	ASPIR/INJ THYROID CYST	Y	-	1/1/2026	Fee Schedule	$68.48
60500	EXPLORE PARATHYROID GLANDS	Y	-	1/1/2026	Fee Schedule	$3,025.62
60502	RE-EXPLORE PARATHYROIDS	Y	-	1/1/2026	Fee Schedule	$3,025.62
60512	AUTOTRANSPLANT PARATHYROID	-	-	1/1/2021	No Separate Payment	$0.00
60520	REMOVAL OF THYMUS GLAND	Y	-	1/1/2026	Fee Schedule	$3,025.62
60660	ABLTJ 1/+THYR NDUL 1LOBE PRQ	Y	-	1/1/2026	Fee Schedule	$742.04
60661	ABLTJ 1/+THYR NDUL ADDL PRQ	-	-	1/1/2025	No Separate Payment	$0.00
61000	REMOVE CRANIAL CAVITY FLUID	Y	-	1/1/2026	Fee Schedule	$387.46
61001	REMOVE CRANIAL CAVITY FLUID	Y	-	1/1/2026	Fee Schedule	$387.46
61020	REMOVE BRAIN CAVITY FLUID	Y	-	1/1/2026	Fee Schedule	$485.51
61026	INJECTION INTO BRAIN CANAL	Y	-	1/1/2026	Fee Schedule	$387.46
61050	REMOVE BRAIN CANAL FLUID	Y	-	1/1/2026	Fee Schedule	$168.50
61055	INJECTION INTO BRAIN CANAL	Y	-	1/1/2026	Fee Schedule	$168.50
61070	BRAIN CANAL SHUNT PROCEDURE	Y	-	1/1/2026	Fee Schedule	$387.46
61215	INS SUBQ RSVR PMP/NFS SYS	Y	-	1/1/2026	Fee Schedule	$4,166.20
61330	DCMPRN ORBIT ONLY TRANSCRNL	Y	-	1/1/2026	Fee Schedule	$1,480.50
61623	EVASC TEMP BALO ARTL OCC H/N	Y	-	1/1/2026	Fee Schedule	$7,395.83
61624	TCAT PERM OCCLS/EMBOLJ CNS	Y	-	1/1/2026	Fee Schedule	$12,762.09
61626	TCAT PERM OCCLS/EMBOL NONCNS	Y	-	1/1/2026	Fee Schedule	$6,866.49
61720	INCISE SKULL/BRAIN SURGERY	Y	-	1/1/2026	Fee Schedule	$4,166.20
61770	INCISE SKULL FOR TREATMENT	Y	-	1/1/2026	Fee Schedule	$2,177.48
61781	SCAN PROC CRANIAL INTRA	-	-	7/1/2018	No Separate Payment	$0.00
61782	SCAN PROC CRANIAL EXTRA	-	-	7/1/2018	No Separate Payment	$0.00
61783	SCAN PROC SPINAL	-	-	7/1/2018	No Separate Payment	$0.00
61790	TREAT TRIGEMINAL NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
61791	TREAT TRIGEMINAL TRACT	Y	-	1/1/2026	Fee Schedule	$948.66
61880	REVISE/REMOVE NEUROELECTRODE	Y	-	1/1/2026	Fee Schedule	$2,003.41
61885	INSRT/REDO NEUROSTIM 1 ARRAY	-	-	1/1/2026	Fee Schedule	$27,984.85
61886	IMPLANT NEUROSTIM ARRAYS	-	-	1/1/2026	Fee Schedule	$27,401.95
61888	REVISE/REMOVE NEURORECEIVER	Y	-	1/1/2026	Fee Schedule	$8,687.98
61891	REV/RPLCMT SK-MNT CRNL NSTM	Y	-	1/1/2026	Fee Schedule	$26,901.53
61892	RMV SK-MNT CRNL NSTM PG/RCVR	Y	-	1/1/2026	Fee Schedule	$1,644.87
62000	TREAT SKULL FRACTURE	Y	-	1/1/2026	Fee Schedule	$1,480.50
62160	NEUROENDOSCOPY ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
62194	REPLACE/IRRIGATE CATHETER	Y	-	1/1/2026	Fee Schedule	$948.66
62225	REPLACE/IRRIGATE CATHETER	Y	-	1/1/2026	Fee Schedule	$2,177.48
62230	REPLACE/REVISE BRAIN SHUNT	Y	-	1/1/2026	Fee Schedule	$4,166.20
62252	CSF SHUNT REPROGRAM	-	-	1/1/2026	Fee Schedule	$54.38
62263	EPIDURAL LYSIS MULT SESSIONS	Y	-	1/1/2026	Fee Schedule	$485.51
62264	EPIDURAL LYSIS ON SINGLE DAY	Y	-	1/1/2026	Fee Schedule	$485.51
62267	INTERDISCAL PERQ ASPIR DX	Y	-	1/1/2026	Fee Schedule	$388.55
62268	DRAIN SPINAL CORD CYST	Y	-	1/1/2026	Fee Schedule	$485.51
62269	NEEDLE BIOPSY SPINAL CORD	Y	-	1/1/2026	Fee Schedule	$742.04
62270	DX LMBR SPI PNXR	Y	-	1/1/2026	Fee Schedule	$387.46
62272	THER SPI PNXR DRG CSF	Y	-	1/1/2026	Fee Schedule	$387.46

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62273	INJECT EPIDURAL PATCH	Y	-	1/1/2026	Fee Schedule	$387.46
62280	TREAT SPINAL CORD LESION	Y	-	1/1/2026	Fee Schedule	$485.51
62281	TREAT SPINAL CORD LESION	Y	-	1/1/2026	Fee Schedule	$485.51
62282	TREAT SPINAL CANAL LESION	Y	-	1/1/2026	Fee Schedule	$485.51
62284	INJECTION FOR MYELOGRAM	-	-	7/1/2018	No Separate Payment	$0.00
62287	DCMPRN PQ NUC PUL 1/MLT LMBR	Y	-	1/1/2026	Fee Schedule	$948.66
62290	NJX PX DISCOGRAPHY LUMBAR	-	-	7/1/2018	No Separate Payment	$0.00
62291	NJX PX DISCOGRAPHY CRV/THRC	-	-	7/1/2018	No Separate Payment	$0.00
62292	NJX CHEMONUCLEOLYSIS LMBR	Y	-	1/1/2026	Fee Schedule	$948.66
62294	INJECTION INTO SPINAL ARTERY	Y	-	1/1/2026	Fee Schedule	$485.51
62302	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
62303	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
62304	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
62305	MYELOGRAPHY LUMBAR INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
62320	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2026	Fee Schedule	$387.46
62321	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2026	Fee Schedule	$387.46
62322	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2026	Fee Schedule	$485.51
62323	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2026	Fee Schedule	$387.46
62324	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2026	Fee Schedule	$485.51
62325	NJX INTERLAMINAR CRV/THRC	Y	-	1/1/2026	Fee Schedule	$485.51
62326	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2026	Fee Schedule	$485.51
62327	NJX INTERLAMINAR LMBR/SAC	Y	-	1/1/2026	Fee Schedule	$485.51
62328	DX LMBR SPI PNXR W/FLUOR/CT	Y	-	1/1/2026	Fee Schedule	$387.46
62329	THER SPI PNXR CSF FLUOR/CT	Y	-	1/1/2026	Fee Schedule	$387.46
62330	DCMPRN PRQ RMV LIG FLV 1LMBR	Y	-	1/1/2026	Fee Schedule	$5,610.15
62331	DCMPRN PRQ RMV LIG FLV ADDL	-	-	1/1/2026	No Separate Payment	$0.00
62350	IMPLANT SPINAL CANAL CATH	Y	-	1/1/2026	Fee Schedule	$5,690.58
62351	IMPLANT SPINAL CANAL CATH	Y	-	1/1/2026	Fee Schedule	$4,682.29
62355	REMOVE SPINAL CANAL CATHETER	-	-	1/1/2026	Fee Schedule	$948.66
62360	INSERT SPINE INFUSION DEVICE	Y	-	1/1/2026	Fee Schedule	$15,522.45
62361	IMPLANT SPINE INFUSION PUMP	Y	-	1/1/2026	Fee Schedule	$15,470.73
62362	IMPLANT SPINE INFUSION PUMP	Y	-	1/1/2026	Fee Schedule	$15,470.73
62365	REMOVE SPINE INFUSION DEVICE	-	-	1/1/2026	Fee Schedule	$2,177.48
62367	ANALYZE SPINE INFUS PUMP	-	-	1/1/2026	Fee Schedule	$16.11
62368	ANALYZE SP INF PUMP W/REPROG	-	-	1/1/2026	Fee Schedule	$22.49
62369	ANAL SP INF PMP W/REPRG&FILL	-	-	1/1/2026	Fee Schedule	$73.51
62370	ANL SP INF PMP W/MDREPRG&FIL	-	-	1/1/2026	Fee Schedule	$65.46
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Y	-	1/1/2026	Fee Schedule	$3,695.53
63001	REMOVE SPINE LAMINA 1/2 CRVL	Y	-	1/1/2026	Fee Schedule	$3,695.53
63003	REMOVE SPINE LAMINA 1/2 THRC	Y	-	1/1/2026	Fee Schedule	$3,695.53
63005	REMOVE SPINE LAMINA 1/2 LMBR	Y	-	1/1/2026	Fee Schedule	$3,695.53
63011	REMOVE SPINE LAMINA 1/2 SCRL	Y	-	1/1/2026	Fee Schedule	$3,695.53
63012	REMOVE LAMINA/FACETS LUMBAR	Y	-	1/1/2026	Fee Schedule	$3,695.53
63015	REMOVE SPINE LAMINA >2 CRVCL	Y	-	1/1/2026	Fee Schedule	$3,695.53
63016	REMOVE SPINE LAMINA >2 THRC	Y	-	1/1/2026	Fee Schedule	$3,695.53
63017	REMOVE SPINE LAMINA >2 LMBR	Y	-	1/1/2026	Fee Schedule	$3,695.53
63020	LAMOT DCMPRN NRV RT 1 CERV	Y	-	1/1/2026	Fee Schedule	$3,695.53
63030	LAMOT DCMPRN NRV RT 1 LMBR	Y	-	1/1/2026	Fee Schedule	$3,695.53
63032	LAMOT RPR ANULR DFCT 1 LMBR	-	-	1/1/2026	Not Allowed	$0.00
63035	LAMOT DCMPRN NRV RT EA ADDL	-	-	1/1/2026	No Separate Payment	$0.00
63040	LAMINOTOMY SINGLE CERVICAL	Y	-	1/1/2026	Fee Schedule	$3,695.53
63042	LAMINOTOMY SINGLE LUMBAR	Y	-	1/1/2026	Fee Schedule	$3,695.53
63043	LAMINOTOMY ADDL CERVICAL	-	-	1/1/2026	No Separate Payment	$0.00
63044	LAMINOTOMY ADDL LUMBAR	-	-	7/1/2018	No Separate Payment	$0.00

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63045	LAM FACETEC & FORAMOT CRV	Y	-	1/1/2026	Fee Schedule	$3,695.53
63046	LAM FACETEC & FORAMOT THRC	Y	-	1/1/2026	Fee Schedule	$3,695.53
63047	LAM FACETEC & FORAMOT LUMBAR	Y	-	1/1/2026	Fee Schedule	$3,695.53
63048	LAM FACETEC &FORAMOT EA ADDL	-	-	1/1/2026	No Separate Payment	$0.00
63055	DECOMPRESS SPINAL CORD THRC	Y	-	1/1/2026	Fee Schedule	$3,695.53
63056	DECOMPRESS SPINAL CORD LMBR	Y	-	1/1/2026	Fee Schedule	$3,695.53
63057	DECOMPRESS SPINE CORD ADD-ON	-	-	1/1/2026	No Separate Payment	$0.00
63064	DECOMPRESS SPINAL CORD THRC	Y	-	1/1/2026	Fee Schedule	$3,695.53
63066	DECOMPRESS SPINE CORD ADD-ON	-	-	1/1/2026	No Separate Payment	$0.00
63075	NECK SPINE DISK SURGERY	Y	-	1/1/2026	Fee Schedule	$3,695.53
63076	NECK SPINE DISK SURGERY	-	-	1/1/2026	No Separate Payment	$0.00
63265	EXCISE INTRASPINL LESION CRV	Y	-	1/1/2026	Fee Schedule	$3,695.53
63266	EXCISE INTRSPINL LESION THRC	Y	-	1/1/2026	Fee Schedule	$3,695.53
63267	EXCISE INTRSPINL LESION LMBR	Y	-	1/1/2026	Fee Schedule	$3,695.53
63268	EXCISE INTRSPINL LESION SCRL	Y	-	1/1/2026	Fee Schedule	$3,695.53
63600	REMOVE SPINAL CORD LESION	Y	-	1/1/2026	Fee Schedule	$948.66
63610	STIMULATION OF SPINAL CORD	Y	-	1/1/2026	Fee Schedule	$1,416.28
63650	IMPLANT NEUROELECTRODES	-	-	1/1/2026	Fee Schedule	$5,030.95
63655	IMPLANT NEUROELECTRODES	-	-	1/1/2026	Fee Schedule	$14,405.66
63661	REMOVE SPINE ELTRD PERQ ARAY	-	-	1/1/2026	Fee Schedule	$948.66
63662	REMOVE SPINE ELTRD PLATE	Y	-	1/1/2026	Fee Schedule	$2,003.41
63663	REVISE SPINE ELTRD PERQ ARAY	-	-	1/1/2026	Fee Schedule	$5,076.32
63664	REVISE SPINE ELTRD PLATE	-	-	1/1/2026	Fee Schedule	$7,930.10
63685	INS/RPLC SPI NPG/RCVR POCKET	-	-	1/1/2026	Fee Schedule	$27,485.81
63688	REV/RMV IMP SP NPG/R DTCH CN	Y	-	1/1/2026	Fee Schedule	$2,003.41
63741	INSTALL SPINAL SHUNT	Y	-	1/1/2026	Fee Schedule	$5,308.06
63744	REVISION OF SPINAL SHUNT	Y	-	1/1/2026	Fee Schedule	$2,826.22
63746	REMOVAL OF SPINAL SHUNT	-	-	1/1/2026	Fee Schedule	$948.66
64400	NJX AA&/STRD TRIGEMINAL NRV	Y	-	1/1/2026	Fee Schedule	$90.97
64405	NJX AA&/STRD GR OCPL NRV	Y	-	1/1/2026	Fee Schedule	$41.29
64408	NJX AA&/STRD VAGUS NRV	Y	-	1/1/2026	Fee Schedule	$52.03
64415	NJX AA&/STRD BRCH PLXS IMG	Y	-	1/1/2026	Fee Schedule	$485.51
64416	NJX AA&/STRD BRCH PL NFS IMG	Y	-	1/1/2026	Fee Schedule	$615.14
64417	NJX AA&/STRD AX NERVE IMG	Y	-	1/1/2026	Fee Schedule	$485.51
64418	NJX AA&/STRD SPRSCAP NRV	Y	-	1/1/2026	Fee Schedule	$50.69
64420	NJX AA&/STRD NTRCOST NRV 1	Y	-	1/1/2026	Fee Schedule	$387.46
64421	NJX AA&/STRD NTRCOST NRV EA	Y	-	1/1/2026	Fee Schedule	$485.51
64425	NJX AA&/STRD II IH NERVES	Y	-	1/1/2026	Fee Schedule	$85.60
64430	NJX AA&/STRD PUDENDAL NERVE	Y	-	1/1/2026	Fee Schedule	$485.51
64435	NJX AA&/STRD PARACRV NRV	Y	-	1/1/2026	Fee Schedule	$46.66
64445	NJX AA&/STRD SCIATIC NRV IMG	Y	-	1/1/2026	Fee Schedule	$123.53
64446	NJX AA&/STRD SC NRV NFS IMG	Y	-	1/1/2026	Fee Schedule	$485.51
64447	NJX AA&/STRD FEMORAL NRV IMG	Y	-	1/1/2026	Fee Schedule	$86.94
64448	NJX AA&/STRD FEM NRV NFS IMG	Y	-	1/1/2026	Fee Schedule	$648.46
64449	NJX AA&/STRD LMBR PLEX NFS	Y	-	1/1/2026	Fee Schedule	$485.51
64450	NJX AA&/STRD OTHER PN/BRANCH	Y	-	1/1/2026	Fee Schedule	$54.38
64451	NJX AA&/STRD NRV NRVTG SI JT	Y	-	1/1/2026	Fee Schedule	$387.46
64454	NJX AA&/STRD GNCLR NRV BRNCH	Y	-	1/1/2026	Fee Schedule	$387.46
64455	NJX AA&/STRD PLTR COM DG NRV	Y	-	1/1/2026	Fee Schedule	$23.50
64461	PVB THORACIC SINGLE INJ SITE	Y	-	1/1/2026	Fee Schedule	$387.46
64462	PVB THORACIC 2ND+ INJ SITE	-	-	7/1/2018	No Separate Payment	$0.00
64463	PVB THORACIC CONT INFUSION	Y	-	1/1/2026	Fee Schedule	$387.46
64466	THRC FASCIAL PLN BLK UNI NJX	-	-	1/1/2025	No Separate Payment	$0.00
64467	THRC FASCIAL PLN BLK UNI NFS	-	-	1/1/2025	No Separate Payment	$0.00

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64468	THRC FASCIAL PLN BLK BI NJX	-	-	1/1/2025	No Separate Payment	$0.00
64469	THRC FASCIAL PLN BLK BI NFS	-	-	1/1/2025	No Separate Payment	$0.00
64473	LWR XTR FSCL PLN BLK UNI NJX	-	-	1/1/2025	No Separate Payment	$0.00
64474	LWR XTR FSCL PLN BLK UNI NFS	-	-	1/1/2025	No Separate Payment	$0.00
64479	NJX AA&/STRD TFRM EPI C/T 1	Y	-	1/1/2026	Fee Schedule	$485.51
64480	NJX AA&/STRD TFRM EPI C/T EA	-	-	7/1/2018	No Separate Payment	$0.00
64483	NJX AA&/STRD TFRM EPI L/S 1	Y	-	1/1/2026	Fee Schedule	$485.51
64484	NJX AA&/STRD TFRM EPI L/S EA	-	-	7/1/2018	No Separate Payment	$0.00
64486	TAP BLOCK UNIL BY INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
64487	TAP BLOCK UNI BY INFUSION	-	-	7/1/2018	No Separate Payment	$0.00
64488	TAP BLOCK BI INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
64489	TAP BLOCK BI BY INFUSION	-	-	7/1/2018	No Separate Payment	$0.00
64490	INJ PARAVERT F JNT C/T 1 LEV	Y	-	1/1/2026	Fee Schedule	$485.51
64491	INJ PARAVERT F JNT C/T 2 LEV	-	-	7/1/2018	No Separate Payment	$0.00
64492	INJ PARAVERT F JNT C/T 3 LEV	-	-	7/1/2018	No Separate Payment	$0.00
64493	INJ PARAVERT F JNT L/S 1 LEV	Y	-	1/1/2026	Fee Schedule	$485.51
64494	INJ PARAVERT F JNT L/S 2 LEV	-	-	7/1/2018	No Separate Payment	$0.00
64495	INJ PARAVERT F JNT L/S 3 LEV	-	-	7/1/2018	No Separate Payment	$0.00
64505	N BLOCK SPENOPALATINE GANGL	Y	-	1/1/2026	Fee Schedule	$93.65
64510	N BLOCK STELLATE GANGLION	Y	-	1/1/2026	Fee Schedule	$485.51
64517	N BLOCK INJ HYPOGAS PLXS	Y	-	1/1/2026	Fee Schedule	$485.51
64520	N BLOCK LUMBAR/THORACIC	Y	-	1/1/2026	Fee Schedule	$485.51
64530	N BLOCK INJ CELIAC PELUS	Y	-	1/1/2026	Fee Schedule	$485.51
64553	IMPLANT NEUROELECTRODES	-	-	1/1/2026	Fee Schedule	$8,646.30
64555	IMPLANT NEUROELECTRODES	-	-	1/1/2026	Fee Schedule	$5,774.91
64561	IMPLANT NEUROELECTRODES	-	-	1/1/2026	Fee Schedule	$5,112.92
64566	NEUROELTRD STIM POST TIBIAL	Y	-	1/1/2026	Fee Schedule	$95.67
64567	PERQ ELEC NRV FIELD STIMJ CN	Y	-	1/1/2026	Fee Schedule	$497.85
64568	OPN IMPLTJ CRNL NRV NEA&PG	-	-	1/1/2026	Fee Schedule	$42,372.52
64569	REVISE/REPL VAGUS N ELTRD	-	-	1/1/2026	Fee Schedule	$9,557.19
64570	REMOVE VAGUS N ELTRD	-	-	1/1/2026	Fee Schedule	$2,177.48
64575	OPN IMPLTJ NEA PERPH NERVE	-	-	1/1/2026	Fee Schedule	$9,552.62
64580	OPN IMPLTJ NEA NEUROMUSCULAR	-	-	1/1/2026	Fee Schedule	$13,531.90
64581	OPN IMPLTJ NEA SACRAL NERVE	-	-	1/1/2026	Fee Schedule	$5,439.54
64582	OPN MPLTJ HPGLSL NSTM ARY PG	-	-	1/1/2026	Fee Schedule	$27,161.37
64583	REV/RPLCT HPGLSL NSTM ARY PG	Y	-	1/1/2026	Fee Schedule	$8,346.40
64584	RMVL HPGLSL NSTIM ARY PG	-	-	1/1/2026	Fee Schedule	$2,177.48
64585	REV/RMV PERPH NSTIM ELTRD RA	Y	-	1/1/2026	Fee Schedule	$2,003.41
64590	INS/RPL PRPH SAC/GSTR NPG/R	-	-	1/1/2026	Fee Schedule	$16,224.24
64595	REV/RMV PRPH SAC/GSTR NPG/R	Y	-	1/1/2026	Fee Schedule	$2,003.41
64596	INS/RPLCMT PRQ ELTRD RA PN 1	Y	-	1/1/2026	Fee Schedule	$9,490.60
64597	INS/RPLCM PRQ ELTRD RA PN EA	-	-	1/1/2024	No Separate Payment	$0.00
64598	REVJ/RMVL NEA PN W/INT NSTIM	Y	-	1/1/2026	Fee Schedule	$2,003.41
64600	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	$485.51
64605	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64610	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64611	CHEMODENERV SALIV GLANDS	Y	-	1/1/2026	Fee Schedule	$92.65
64612	DESTROY NERVE FACE MUSCLE	Y	-	1/1/2026	Fee Schedule	$86.60
64615	CHEMODENERV MUSC MIGRAINE	Y	-	1/1/2026	Fee Schedule	$76.53
64616	CHEMODENERV MUSC NECK DYSTON	Y	-	1/1/2026	Fee Schedule	$77.88
64617	CHEMODENER MUSCLE LARYNX EMG	Y	-	1/1/2026	Fee Schedule	$88.95
64620	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	$485.51
64624	DSTRJ NULYT AGT GNCLR NRV	Y	-	1/1/2026	Fee Schedule	$948.66
64625	RF ABLTJ NRV NRVTG SI JT	Y	-	1/1/2026	Fee Schedule	$948.66

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64628	TRML DSTRJ IOS BVN 1ST 2 L/S	Y	-	1/1/2026	Fee Schedule	$9,891.33
64630	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	$485.51
64632	N BLOCK INJ COMMON DIGIT	Y	-	1/1/2026	Fee Schedule	$47.33
64633	DESTROY CERV/THOR FACET JNT	Y	-	1/1/2026	Fee Schedule	$948.66
64634	DESTROY C/TH FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	$0.00
64635	DESTROY LUMB/SAC FACET JNT	Y	-	1/1/2026	Fee Schedule	$948.66
64636	DESTROY L/S FACET JNT ADDL	-	-	7/1/2018	No Separate Payment	$0.00
64640	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	$197.04
64642	CHEMODENERV 1 EXTREMITY 1-4	Y	-	1/1/2026	Fee Schedule	$97.01
64643	CHEMODENERV 1 EXTREM 1-4 EA	-	-	7/1/2018	No Separate Payment	$0.00
64644	CHEMODENERV 1 EXTREM 5/> MUS	Y	-	1/1/2026	Fee Schedule	$118.83
64645	CHEMODENERV 1 EXTREM 5/> EA	-	-	7/1/2018	No Separate Payment	$0.00
64646	CHEMODENERV TRUNK MUSC 1-5	Y	-	1/1/2026	Fee Schedule	$96.00
64647	CHEMODENERV TRUNK MUSC 6/>	Y	-	1/1/2026	Fee Schedule	$104.39
64650	CHEMODENERV ECCRINE GLANDS	Y	-	1/1/2026	Fee Schedule	$60.42
64653	CHEMODENERV ECCRINE GLANDS	Y	-	1/1/2026	Fee Schedule	$68.14
64654	1ST OPN IMPLT BAT MODULJ SYS	-	-	4/1/2026	Fee Schedule	$41,787.36
64655	REVJ/RPLCMT BAT MOD SYS LEAD	Y	-	1/1/2026	Fee Schedule	$2,538.35
64656	REVJ/RPLCMT BAT MOD SYS PG	Y	-	1/1/2026	Fee Schedule	$27,565.55
64657	RMVL BAT MODULJ SYS TOT SYS	-	-	4/1/2026	Fee Schedule	$2,177.48
64658	RMVL BAT MODUL SYS LEAD ONLY	Y	-	1/1/2026	Fee Schedule	$2,003.41
64659	RMVL BAT MODULJ SYS PG ONLY	Y	-	1/1/2026	Fee Schedule	$2,003.41
64680	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	$485.51
64681	INJECTION TREATMENT OF NERVE	Y	-	1/1/2026	Fee Schedule	$485.51
64702	REVISE FINGER/TOE NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64704	REVISE HAND/FOOT NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64708	REVISE ARM/LEG NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64712	REVISION OF SCIATIC NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64713	REVISION OF ARM NERVE(S)	Y	-	1/1/2026	Fee Schedule	$948.66
64714	REVISE LOW BACK NERVE(S)	Y	-	1/1/2026	Fee Schedule	$948.66
64716	REVISION OF CRANIAL NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64718	REVISE ULNAR NERVE AT ELBOW	Y	-	1/1/2026	Fee Schedule	$948.66
64719	REVISE ULNAR NERVE AT WRIST	Y	-	1/1/2026	Fee Schedule	$948.66
64721	CARPAL TUNNEL SURGERY	Y	-	1/1/2026	Fee Schedule	$948.66
64722	DECOMPRESSION UNSPEC NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64726	DCMPRN PLANTAR DIGITAL NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64727	INTERNAL NEUROLYSIS	-	-	7/1/2018	No Separate Payment	$0.00
64728	DCMPRN MEDIAN NRV CARPL TUNL	Y	-	1/1/2026	Fee Schedule	$1,201.96
64732	INCISION OF BROW NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64734	INCISION OF CHEEK NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64736	INCISION OF CHIN NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64738	INCISION OF JAW NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64740	INCISION OF TONGUE NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64742	INCISION OF FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64744	INCISE NERVE BACK OF HEAD	Y	-	1/1/2026	Fee Schedule	$948.66
64746	INCISE DIAPHRAGM NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64763	INCISE HIP/THIGH NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64766	INCISE HIP/THIGH NERVE	Y	-	1/1/2026	Fee Schedule	$1,201.96
64771	SEVER CRANIAL NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64772	INCISION OF SPINAL NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64774	REMOVE SKIN NERVE LESION	Y	-	1/1/2026	Fee Schedule	$948.66
64776	REMOVE DIGIT NERVE LESION	Y	-	1/1/2026	Fee Schedule	$948.66
64778	DIGIT NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
64782	REMOVE LIMB NERVE LESION	Y	-	1/1/2026	Fee Schedule	$948.66

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64783	LIMB NERVE SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
64784	REMOVE NERVE LESION	Y	-	1/1/2026	Fee Schedule	$948.66
64786	REMOVE SCIATIC NERVE LESION	Y	-	1/1/2026	Fee Schedule	$2,177.48
64787	IMPLANT NERVE END	-	-	7/1/2018	No Separate Payment	$0.00
64788	REMOVE SKIN NERVE LESION	Y	-	1/1/2026	Fee Schedule	$948.66
64790	REMOVAL OF NERVE LESION	Y	-	1/1/2026	Fee Schedule	$948.66
64792	REMOVAL OF NERVE LESION	Y	-	1/1/2026	Fee Schedule	$2,177.48
64795	BIOPSY OF NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64802	SYMPATHECTOMY CERVICAL	Y	-	1/1/2026	Fee Schedule	$948.66
64804	SYMPATHECTOMY CERVICOTHORAC	Y	-	1/1/2026	Fee Schedule	$948.66
64820	SYMPATHECTOMY DIGITAL ARTERY	Y	-	1/1/2026	Fee Schedule	$948.66
64821	SYMPATHECTOMY RADIAL ARTERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
64822	SYMPATHECTOMY ULNAR ARTERY	Y	-	1/1/2026	Fee Schedule	$1,644.87
64823	SYMPATHECTOMY SUPFC PALMAR	Y	-	1/1/2026	Fee Schedule	$1,644.87
64831	REPAIR OF DIGIT NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64832	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
64834	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2026	Fee Schedule	$2,177.48
64835	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2026	Fee Schedule	$2,177.48
64836	REPAIR OF HAND OR FOOT NERVE	Y	-	1/1/2026	Fee Schedule	$2,177.48
64837	REPAIR NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
64840	REPAIR OF LEG NERVE	Y	-	1/1/2026	Fee Schedule	$4,166.20
64856	REPAIR/TRANSPOSE NERVE	Y	-	1/1/2026	Fee Schedule	$4,166.20
64857	REPAIR ARM/LEG NERVE	Y	-	1/1/2026	Fee Schedule	$2,177.48
64858	REPAIR SCIATIC NERVE	Y	-	1/1/2026	Fee Schedule	$948.66
64859	NERVE SURGERY	-	-	7/1/2018	No Separate Payment	$0.00
64861	REPAIR OF ARM NERVES	Y	-	1/1/2026	Fee Schedule	$948.66
64862	REPAIR OF LOW BACK NERVES	Y	-	1/1/2026	Fee Schedule	$2,177.48
64864	REPAIR OF FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	$4,166.20
64865	REPAIR OF FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	$2,758.89
64872	SUBSEQUENT REPAIR OF NERVE	-	-	7/1/2018	No Separate Payment	$0.00
64874	REPAIR & REVISE NERVE ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
64876	REPAIR NERVE/SHORTEN BONE	-	-	7/1/2018	No Separate Payment	$0.00
64885	NERVE GRAFT HEAD/NECK <4 CM	Y	-	1/1/2026	Fee Schedule	$4,166.20
64886	NERVE GRAFT HEAD/NECK >4 CM	Y	-	1/1/2026	Fee Schedule	$5,487.12
64890	NRV GRF 1STRND HND/FOOT <4CM	Y	-	1/1/2026	Fee Schedule	$5,487.12
64891	NRV GRF 1STRND HND/FOOT >4CM	Y	-	1/1/2026	Fee Schedule	$5,487.12
64892	NRV GRF 1STRND ARM/LEG <4CM	Y	-	1/1/2026	Fee Schedule	$6,619.28
64893	NRV GRF 1STRND ARM/LEG >4 CM	Y	-	1/1/2026	Fee Schedule	$2,177.48
64895	NRV GRF MLTST HND/FOOT <4 CM	Y	-	1/1/2026	Fee Schedule	$4,166.20
64896	NRV GRF MLTST HND/FOOT >4 CM	Y	-	1/1/2026	Fee Schedule	$4,166.20
64897	NRV GRF MLTST ARM/LEG <4 CM	Y	-	1/1/2026	Fee Schedule	$5,278.63
64898	NRV GRF MLTST ARM/LEG >4 CM	Y	-	1/1/2026	Fee Schedule	$4,166.20
64901	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
64902	NERVE GRAFT ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
64905	NERVE PEDICLE TRANSFER	Y	-	1/1/2026	Fee Schedule	$4,166.20
64907	NERVE PEDICLE TRANSFER	Y	-	1/1/2026	Fee Schedule	$4,166.20
64910	NERVE REPAIR W/ALLOGRAFT	Y	-	1/1/2026	Fee Schedule	$5,880.77
64911	NEURORRAPHY W/VEIN AUTOGRAFT	Y	-	1/1/2026	Fee Schedule	$5,412.48
64912	NRV RPR W/NRV ALGRFT 1ST	Y	-	1/1/2026	Fee Schedule	$6,157.80
64913	NRV RPR W/NRV ALGRFT EA ADDL	-	-	7/1/2018	No Separate Payment	$0.00
65091	REVISE EYE	Y	-	1/1/2026	Fee Schedule	$1,735.74
65093	REVISE EYE WITH IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
65101	REMOVAL OF EYE	Y	-	1/1/2026	Fee Schedule	$1,735.74
65103	REMOVE EYE/INSERT IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74

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65105	REMOVE EYE/ATTACH IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
65110	REMOVAL OF EYE	Y	-	1/1/2026	Fee Schedule	$1,735.74
65112	REMOVE EYE/REVISE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,735.74
65114	REMOVE EYE/REVISE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,735.74
65125	REVISE OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,088.43
65130	INSERT OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
65135	INSERT OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
65140	ATTACH OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
65150	REVISE OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
65155	REINSERT OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
65175	REMOVAL OF OCULAR IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
65205	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	$0.00
65210	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	$0.00
65220	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	$0.00
65222	REMOVE FOREIGN BODY FROM EYE	-	-	7/1/2018	No Separate Payment	$0.00
65235	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
65260	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
65265	REMOVE FOREIGN BODY FROM EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
65270	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	$1,088.43
65272	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	$1,088.43
65275	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	$1,735.74
65280	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	$2,786.88
65285	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	$2,786.88
65286	REPAIR OF EYE WOUND	Y	-	1/1/2026	Fee Schedule	$468.60
65290	REPAIR OF EYE SOCKET WOUND	Y	-	1/1/2026	Fee Schedule	$1,735.74
65400	REMOVAL OF EYE LESION	Y	-	1/1/2026	Fee Schedule	$543.31
65410	BIOPSY OF CORNEA	Y	-	1/1/2026	Fee Schedule	$1,088.43
65420	REMOVAL OF EYE LESION	Y	-	1/1/2026	Fee Schedule	$1,088.43
65426	REMOVAL OF EYE LESION	Y	-	1/1/2026	Fee Schedule	$1,088.43
65430	CORNEAL SMEAR	-	-	7/1/2018	No Separate Payment	$0.00
65435	CURETTE/TREAT CORNEA	Y	-	1/1/2026	Fee Schedule	$51.36
65436	CURETTE/TREAT CORNEA	Y	-	1/1/2026	Fee Schedule	$223.56
65450	TREATMENT OF CORNEAL LESION	Y	-	1/1/2026	Fee Schedule	$174.09
65600	REVISION OF CORNEA	Y	-	1/1/2026	Fee Schedule	$296.07
65710	CORNEAL TRANSPLANT	Y	-	1/1/2026	Fee Schedule	$2,786.88
65730	CORNEAL TRANSPLANT	Y	-	1/1/2026	Fee Schedule	$2,203.87
65750	CORNEAL TRANSPLANT	Y	-	1/1/2026	Fee Schedule	$2,786.88
65755	CORNEAL TRANSPLANT	Y	-	1/1/2026	Fee Schedule	$2,203.87
65756	CORNEAL TRNSPL ENDOTHELIAL	Y	-	1/1/2026	Fee Schedule	$2,203.87
65757	PREP CORNEAL ENDO ALLOGRAFT	-	-	7/1/2018	No Separate Payment	$0.00
65770	KERATOPROSTHESIS	Y	-	1/1/2026	Fee Schedule	$11,842.71
65772	CORRECTION OF ASTIGMATISM	Y	-	1/1/2026	Fee Schedule	$543.31
65775	CORRECTION OF ASTIGMATISM	Y	-	1/1/2026	Fee Schedule	$1,088.43
65778	COVER EYE W/MEMBRANE	-	-	7/1/2018	No Separate Payment	$0.00
65779	COVER EYE W/MEMBRANE SUTURE	-	-	7/1/2018	No Separate Payment	$0.00
65780	OCULAR RECONST TRANSPLANT	Y	-	1/1/2026	Fee Schedule	$2,199.20
65781	OCULAR RECONST TRANSPLANT	Y	-	1/1/2026	Fee Schedule	$4,152.24
65782	OCULAR RECONST TRANSPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Y	-	1/1/2026	Fee Schedule	$3,535.31
65800	DRAINAGE OF EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
65810	DRAINAGE OF EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
65815	DRAINAGE OF EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
65820	GONIOTOMY	Y	-	1/1/2026	Fee Schedule	$2,203.87
65850	TRABECULOTOMY AB EXTERNO	Y	-	1/1/2026	Fee Schedule	$1,255.73

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65855	TRABECULOPLASTY LASER SURG	Y	-	1/1/2026	Fee Schedule	$140.98
65860	SEVERING ADS ANT SGM LASER	Y	-	1/1/2026	Fee Schedule	$185.29
65865	INCISE INNER EYE ADHESIONS	Y	-	1/1/2026	Fee Schedule	$1,255.73
65870	INCISE INNER EYE ADHESIONS	Y	-	1/1/2026	Fee Schedule	$1,255.73
65875	INCISE INNER EYE ADHESIONS	Y	-	1/1/2026	Fee Schedule	$1,255.73
65880	INCISE INNER EYE ADHESIONS	Y	-	1/1/2026	Fee Schedule	$2,203.87
65900	REMOVE EYE LESION	Y	-	1/1/2026	Fee Schedule	$1,255.73
65920	REMOVE IMPLANT OF EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
65930	REMOVE BLOOD CLOT FROM EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
66020	INJECTION TREATMENT OF EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
66030	INJECTION TREATMENT OF EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
66130	REMOVE EYE LESION	Y	-	1/1/2026	Fee Schedule	$1,088.43
66150	GLAUCOMA SURGERY	Y	-	1/1/2026	Fee Schedule	$2,203.87
66155	GLAUCOMA SURGERY	Y	-	1/1/2026	Fee Schedule	$2,203.87
66160	GLAUCOMA SURGERY	Y	-	1/1/2026	Fee Schedule	$1,255.73
66170	GLAUCOMA SURGERY	Y	-	1/1/2026	Fee Schedule	$1,255.73
66172	INCISION OF EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
66174	TRLUML DIL AQ O/F CAN W/O ST	Y	-	1/1/2026	Fee Schedule	$2,203.87
66175	TRLUML DIL AQ O/F CAN W/ST	Y	-	1/1/2026	Fee Schedule	$3,912.91
66179	AQUEOUS SHUNT EYE W/O GRAFT	Y	-	1/1/2026	Fee Schedule	$3,618.14
66180	AQUEOUS SHUNT EYE W/GRAFT	Y	-	1/1/2026	Fee Schedule	$3,595.10
66183	INSERT ANT DRAINAGE DEVICE	Y	-	1/1/2026	Fee Schedule	$3,207.67
66184	REVISION OF AQUEOUS SHUNT	Y	-	1/1/2026	Fee Schedule	$1,255.73
66185	REVISE AQUEOUS SHUNT EYE	Y	-	1/1/2026	Fee Schedule	$1,255.73
66225	REPAIR/GRAFT EYE LESION	Y	-	1/1/2026	Fee Schedule	$2,786.88
66250	FOLLOW-UP SURGERY OF EYE	Y	-	1/1/2026	Fee Schedule	$1,088.43
66500	INCISION OF IRIS	Y	-	1/1/2026	Fee Schedule	$1,255.73
66505	INCISION OF IRIS	Y	-	1/1/2026	Fee Schedule	$1,255.73
66600	REMOVE IRIS AND LESION	Y	-	1/1/2026	Fee Schedule	$2,203.87
66605	REMOVAL OF IRIS	Y	-	1/1/2026	Fee Schedule	$1,255.73
66625	REMOVAL OF IRIS	Y	-	1/1/2026	Fee Schedule	$1,255.73
66630	REMOVAL OF IRIS	Y	-	1/1/2026	Fee Schedule	$1,255.73
66635	REMOVAL OF IRIS	Y	-	1/1/2026	Fee Schedule	$1,255.73
66680	REPAIR IRIS & CILIARY BODY	Y	-	1/1/2026	Fee Schedule	$1,255.73
66682	REPAIR IRIS & CILIARY BODY	Y	-	1/1/2026	Fee Schedule	$1,255.73
66683	IMPLANTATION IRIS PROSTHESIS	Y	-	1/1/2026	Fee Schedule	$14,598.86
66700	DESTRUCTION CILIARY BODY	Y	-	1/1/2026	Fee Schedule	$1,255.73
66710	CILIARY TRANSSLERAL THERAPY	Y	-	1/1/2026	Fee Schedule	$1,088.43
66711	ECP CILIARY BODY DESTRUCTION	Y	-	1/1/2026	Fee Schedule	$1,255.73
66720	DESTRUCTION CILIARY BODY	Y	-	1/1/2026	Fee Schedule	$1,088.43
66740	DESTRUCTION CILIARY BODY	Y	-	1/1/2026	Fee Schedule	$1,088.43
66761	REVISION OF IRIS	Y	-	1/1/2026	Fee Schedule	$195.03
66762	REVISION OF IRIS	Y	-	1/1/2026	Fee Schedule	$293.72
66770	REMOVAL OF INNER EYE LESION	Y	-	1/1/2026	Fee Schedule	$301.90
66820	INCISION SECONDARY CATARACT	Y	-	1/1/2026	Fee Schedule	$1,255.73
66821	AFTER CATARACT LASER SURGERY	Y	-	1/1/2026	Fee Schedule	$301.90
66825	REPOSITION INTRAOCULAR LENS	Y	-	1/1/2026	Fee Schedule	$1,255.73
66830	REMOVAL OF LENS LESION	Y	-	1/1/2026	Fee Schedule	$1,255.73
66840	REMOVAL OF LENS MATERIAL	Y	-	1/1/2026	Fee Schedule	$1,255.73
66850	REMOVAL OF LENS MATERIAL	Y	-	1/1/2026	Fee Schedule	$1,255.73
66852	REMOVAL OF LENS MATERIAL	Y	-	1/1/2026	Fee Schedule	$2,203.87
66920	EXTRACTION OF LENS	Y	-	1/1/2026	Fee Schedule	$1,255.73
66930	EXTRACTION OF LENS	Y	-	1/1/2026	Fee Schedule	$2,203.87
66940	EXTRACTION OF LENS	Y	-	1/1/2026	Fee Schedule	$1,255.73

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
66982	XCAPSL CTRC RMVL CPLX WO ECP	Y	-	1/1/2026	Fee Schedule	$1,255.73
66983	CATARACT SURG W/IOL 1 STAGE	Y	-	1/1/2026	Fee Schedule	$1,255.73
66984	XCAPSL CTRC RMVL W/O ECP	Y	-	1/1/2026	Fee Schedule	$1,255.73
66985	INSERT LENS PROSTHESIS	Y	-	1/1/2026	Fee Schedule	$1,255.73
66986	EXCHANGE LENS PROSTHESIS	Y	-	1/1/2026	Fee Schedule	$1,255.73
66987	XCAPSL CTRC RMVL CPLX W/ECP	Y	-	1/1/2026	Fee Schedule	$2,203.87
66988	XCAPSL CTRC RMVL W/ECP	Y	-	1/1/2026	Fee Schedule	$2,203.87
66989	XCPSL CTRC RMVL CPLX INSJ 1+	Y	-	1/1/2026	Fee Schedule	$3,973.89
66990	OPHTHALMIC ENDOSCOPE ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
66991	XCAPSL CTRC RMVL INSJ 1+	Y	-	1/1/2026	Fee Schedule	$4,014.69
67005	PARTIAL REMOVAL OF EYE FLUID	Y	-	1/1/2026	Fee Schedule	$1,255.73
67010	PARTIAL REMOVAL OF EYE FLUID	Y	-	1/1/2026	Fee Schedule	$1,255.73
67015	RELEASE OF EYE FLUID	Y	-	1/1/2026	Fee Schedule	$1,255.73
67025	REPLACE EYE FLUID	Y	-	1/1/2026	Fee Schedule	$1,255.73
67027	IMPLANT EYE DRUG SYSTEM	Y	-	1/1/2026	Fee Schedule	$2,030.49
67028	INJECTION EYE DRUG	-	-	1/1/2026	Fee Schedule	$64.11
67030	INCISE INNER EYE STRANDS	Y	-	1/1/2026	Fee Schedule	$1,255.73
67031	LASER SURGERY EYE STRANDS	Y	-	1/1/2026	Fee Schedule	$301.90
67036	REMOVAL OF INNER EYE FLUID	Y	-	1/1/2026	Fee Schedule	$2,203.87
67039	LASER TREATMENT OF RETINA	Y	-	1/1/2026	Fee Schedule	$2,203.87
67040	LASER TREATMENT OF RETINA	Y	-	1/1/2026	Fee Schedule	$2,203.87
67041	VIT FOR MACULAR PUCKER	Y	-	1/1/2026	Fee Schedule	$2,203.87
67042	VIT FOR MACULAR HOLE	Y	-	1/1/2026	Fee Schedule	$2,203.87
67043	VIT FOR MEMBRANE DISSECT	Y	-	1/1/2026	Fee Schedule	$2,203.87
67101	REPAIR DETACHED RETINA CRTX	Y	-	1/1/2026	Fee Schedule	$214.16
67105	REPAIR DETACHED RETINA PC	Y	-	1/1/2026	Fee Schedule	$180.59
67107	REPAIR DETACHED RETINA	Y	-	1/1/2026	Fee Schedule	$2,203.87
67108	REPAIR DETACHED RETINA	Y	-	1/1/2026	Fee Schedule	$2,203.87
67110	REPAIR DETACHED RETINA	Y	-	1/1/2026	Fee Schedule	$533.72
67113	REPAIR RETINAL DETACH CPLX	Y	-	1/1/2026	Fee Schedule	$2,786.88
67115	RELEASE ENCIRCLING MATERIAL	Y	-	1/1/2026	Fee Schedule	$2,203.87
67120	REMOVE EYE IMPLANT MATERIAL	Y	-	1/1/2026	Fee Schedule	$1,255.73
67121	REMOVE EYE IMPLANT MATERIAL	Y	-	1/1/2026	Fee Schedule	$1,255.73
67141	PROPH RTA DTCHMNT CRTX DTHRM	Y	-	1/1/2026	Fee Schedule	$174.09
67145	PROPH RTA DTCHMNT PC	Y	-	1/1/2026	Fee Schedule	$157.10
67208	TREATMENT OF RETINAL LESION	Y	-	1/1/2026	Fee Schedule	$174.09
67210	TREATMENT OF RETINAL LESION	Y	-	1/1/2026	Fee Schedule	$295.39
67218	TREATMENT OF RETINAL LESION	Y	-	1/1/2026	Fee Schedule	$1,735.74
67220	TREATMENT OF CHOROID LESION	Y	-	1/1/2026	Fee Schedule	$301.90
67221	OCULAR PHOTODYNAMIC THER	Y	-	1/1/2026	Fee Schedule	$164.15
67225	EYE PHOTODYNAMIC THER ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
67227	DSTRJ EXTENSIVE RETINOPATHY	Y	-	1/1/2026	Fee Schedule	$175.22
67228	TREATMENT X10SV RETINOPATHY	Y	-	1/1/2026	Fee Schedule	$187.31
67229	TR RETINAL LES PRETERM INF	Y	-	1/1/2026	Fee Schedule	$301.90
67250	REINFORCE EYE WALL	Y	-	1/1/2026	Fee Schedule	$1,088.43
67255	REINFORCE/GRAFT EYE WALL	Y	-	1/1/2026	Fee Schedule	$2,203.87
67311	REVISE EYE MUSCLE	Y	-	1/1/2026	Fee Schedule	$1,088.43
67312	REVISE TWO EYE MUSCLES	Y	-	1/1/2026	Fee Schedule	$1,735.74
67314	REVISE EYE MUSCLE	Y	-	1/1/2026	Fee Schedule	$1,088.43
67316	REVISE TWO EYE MUSCLES	Y	-	1/1/2026	Fee Schedule	$1,088.43
67318	REVISE EYE MUSCLE(S)	Y	-	1/1/2026	Fee Schedule	$1,088.43
67320	REVISE EYE MUSCLE(S) ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
67331	EYE SURGERY FOLLOW-UP ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
67332	REREVISE EYE MUSCLES ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00

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67334	REVISE EYE MUSCLE W/SUTURE	-	-	7/1/2018	No Separate Payment	$0.00
67335	EYE SUTURE DURING SURGERY	-	-	7/1/2018	No Separate Payment	$0.00
67340	REVISE EYE MUSCLE ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
67343	RELEASE EYE TISSUE	Y	-	1/1/2026	Fee Schedule	$1,088.43
67345	DESTROY NERVE OF EYE MUSCLE	Y	-	1/1/2026	Fee Schedule	$136.28
67346	BIOPSY EYE MUSCLE	Y	-	1/1/2026	Fee Schedule	$1,735.74
67400	EXPLORE/BIOPSY EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,735.74
67405	EXPLORE/DRAIN EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,088.43
67412	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,088.43
67413	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,088.43
67414	EXPLR/DECOMPRESS EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,735.74
67415	ASPIRATION ORBITAL CONTENTS	Y	-	1/1/2026	Fee Schedule	$1,088.43
67420	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,735.74
67430	EXPLORE/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,735.74
67440	EXPLORE/DRAIN EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$2,199.20
67445	EXPLR/DECOMPRESS EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,735.74
67450	EXPLORE/BIOPSY EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$1,735.74
67500	INJECT/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$37.93
67505	INJECT/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$43.97
67515	INJECT/TREAT EYE SOCKET	Y	-	1/1/2026	Fee Schedule	$25.51
67516	SPRCHOROIDAL SPC NJX RX AGT	Y	-	1/1/2026	Fee Schedule	$67.81
67550	INSERT EYE SOCKET IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
67560	REVISE EYE SOCKET IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,735.74
67570	DECOMPRESS OPTIC NERVE	Y	-	1/1/2026	Fee Schedule	$1,735.74
67700	BLEPHAROTOMY DRG ABSC EYELID	Y	-	1/1/2026	Fee Schedule	$174.09
67710	SEVERING TARSORRHAPHY	Y	-	1/1/2026	Fee Schedule	$203.08
67715	CANTHOTOMY	Y	-	1/1/2026	Fee Schedule	$1,088.43
67800	REMOVE EYELID LESION	Y	-	1/1/2026	Fee Schedule	$81.57
67801	REMOVE EYELID LESIONS	Y	-	1/1/2026	Fee Schedule	$98.35
67805	REMOVE EYELID LESIONS	Y	-	1/1/2026	Fee Schedule	$127.22
67808	REMOVE EYELID LESION(S)	Y	-	1/1/2026	Fee Schedule	$1,088.43
67810	INCAL BX EYELID SKN LID MRGN	Y	-	1/1/2026	Fee Schedule	$139.64
67820	REVISE EYELASHES	-	-	7/1/2018	No Separate Payment	$0.00
67825	REVISE EYELASHES	Y	-	1/1/2026	Fee Schedule	$85.60
67830	REVISE EYELASHES	Y	-	1/1/2026	Fee Schedule	$543.31
67835	REVISE EYELASHES	Y	-	1/1/2026	Fee Schedule	$1,088.43
67840	REMOVE EYELID LESION	Y	-	1/1/2026	Fee Schedule	$205.10
67850	DSTRJ LESION LID MARGIN <1CM	Y	-	1/1/2026	Fee Schedule	$148.37
67875	CLOSURE OF EYELID BY SUTURE	Y	-	1/1/2026	Fee Schedule	$543.31
67880	REVISION OF EYELID	Y	-	1/1/2026	Fee Schedule	$1,088.43
67882	REVISION OF EYELID	Y	-	1/1/2026	Fee Schedule	$1,088.43
67900	REPAIR BROW DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67901	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67902	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,735.74
67903	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67904	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67906	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,735.74
67908	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67909	REVISE EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67911	REVISE EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67912	CORRECTION EYELID W/IMPLANT	Y	-	1/1/2026	Fee Schedule	$1,088.43
67914	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67915	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$245.38
67916	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43

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67917	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67921	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67922	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$238.33
67923	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67924	REPAIR EYELID DEFECT	Y	Y	1/1/2026	Fee Schedule	$1,088.43
67930	REPAIR EYELID WOUND	Y	-	1/1/2026	Fee Schedule	$245.04
67935	REPAIR EYELID WOUND	Y	-	1/1/2026	Fee Schedule	$1,088.43
67938	REMOVE EYELID FOREIGN BODY	Y	-	1/1/2026	Fee Schedule	$174.09
67950	REVISION OF EYELID	Y	-	1/1/2026	Fee Schedule	$1,088.43
67961	REVISION OF EYELID	Y	-	1/1/2026	Fee Schedule	$1,088.43
67966	REVISION OF EYELID	Y	-	1/1/2026	Fee Schedule	$1,088.43
67971	RECONSTRUCTION OF EYELID	Y	-	1/1/2026	Fee Schedule	$1,088.43
67973	RECONSTRUCTION OF EYELID	Y	-	1/1/2026	Fee Schedule	$1,088.43
67974	RECONSTRUCTION OF EYELID	Y	-	1/1/2026	Fee Schedule	$1,735.74
67975	RECONSTRUCTION OF EYELID	Y	-	1/1/2026	Fee Schedule	$1,088.43
68020	INCISE/DRAIN EYELID LINING	Y	-	1/1/2026	Fee Schedule	$72.51
68040	TREATMENT OF EYELID LESIONS	Y	-	1/1/2026	Fee Schedule	$32.90
68100	BIOPSY CONJUNCTIVA	Y	-	1/1/2026	Fee Schedule	$132.93
68110	EXC LES CONJUNCTIVA <1 CM	Y	-	1/1/2026	Fee Schedule	$174.55
68115	EXC LES CONJUNCTIVA >1 CM	Y	-	1/1/2026	Fee Schedule	$1,088.43
68130	EXC LES CONJUNCTIVA ADJ SCL	Y	-	1/1/2026	Fee Schedule	$1,088.43
68135	DESTRUCTION LES CONJUNCTIVA	Y	-	1/1/2026	Fee Schedule	$93.65
68200	TREAT EYELID BY INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
68320	REVISE/GRAFT EYELID LINING	Y	-	1/1/2026	Fee Schedule	$1,088.43
68325	REVISE/GRAFT EYELID LINING	Y	-	1/1/2026	Fee Schedule	$1,735.74
68326	REVISE/GRAFT EYELID LINING	Y	-	1/1/2026	Fee Schedule	$1,735.74
68328	REVISE/GRAFT EYELID LINING	Y	-	1/1/2026	Fee Schedule	$1,088.43
68330	REVISE EYELID LINING	Y	-	1/1/2026	Fee Schedule	$1,255.73
68335	REVISE/GRAFT EYELID LINING	Y	-	1/1/2026	Fee Schedule	$1,735.74
68340	SEPARATE EYELID ADHESIONS	Y	-	1/1/2026	Fee Schedule	$1,088.43
68360	REVISE EYELID LINING	Y	-	1/1/2026	Fee Schedule	$1,735.74
68362	REVISE EYELID LINING	Y	-	1/1/2026	Fee Schedule	$1,088.43
68371	HARVEST EYE TISSUE ALOGRAFT	Y	-	1/1/2026	Fee Schedule	$1,088.43
68400	I&D LACRIMAL GLAND	Y	-	1/1/2026	Fee Schedule	$235.64
68420	I&D LACRIMAL SAC	Y	-	1/1/2026	Fee Schedule	$249.74
68440	SNIP INC LACRIMAL PUNCTUM	Y	-	1/1/2026	Fee Schedule	$71.83
68500	REMOVAL OF TEAR GLAND	Y	-	1/1/2026	Fee Schedule	$1,735.74
68505	PARTIAL REMOVAL TEAR GLAND	Y	-	1/1/2026	Fee Schedule	$1,735.74
68510	BIOPSY OF TEAR GLAND	Y	-	1/1/2026	Fee Schedule	$1,088.43
68520	REMOVAL OF TEAR SAC	Y	-	1/1/2026	Fee Schedule	$1,735.74
68525	BIOPSY OF TEAR SAC	Y	-	1/1/2026	Fee Schedule	$1,088.43
68530	CLEARANCE OF TEAR DUCT	Y	-	1/1/2026	Fee Schedule	$174.09
68540	REMOVE TEAR GLAND LESION	Y	-	1/1/2026	Fee Schedule	$1,088.43
68550	REMOVE TEAR GLAND LESION	Y	-	1/1/2026	Fee Schedule	$1,735.74
68700	REPAIR TEAR DUCTS	Y	-	1/1/2026	Fee Schedule	$1,088.43
68705	REVISE TEAR DUCT OPENING	Y	-	1/1/2026	Fee Schedule	$174.09
68720	CREATE TEAR SAC DRAIN	Y	-	1/1/2026	Fee Schedule	$1,735.74
68745	CREATE TEAR DUCT DRAIN	Y	-	1/1/2026	Fee Schedule	$1,735.74
68750	CREATE TEAR DUCT DRAIN	Y	-	1/1/2026	Fee Schedule	$1,735.74
68760	CLOSE TEAR DUCT OPENING	Y	-	1/1/2026	Fee Schedule	$157.43
68761	CLOSE TEAR DUCT OPENING	Y	-	1/1/2026	Fee Schedule	$96.00
68770	CLOSE TEAR SYSTEM FISTULA	Y	-	1/1/2026	Fee Schedule	$1,088.43
68801	DILATE TEAR DUCT OPENING	-	-	7/1/2018	No Separate Payment	$0.00
68810	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2026	Fee Schedule	$174.09

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68811	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2026	Fee Schedule	$1,088.43
68815	PROBE NASOLACRIMAL DUCT	Y	-	1/1/2026	Fee Schedule	$1,088.43
68816	PROBE NL DUCT W/BALLOON	Y	-	1/1/2026	Fee Schedule	$1,088.43
68840	EXPLORE/IRRIGATE TEAR DUCTS	Y	-	1/1/2026	Fee Schedule	$89.29
68841	INSJ RX ELUT IMPLT LAC CANAL	-	-	1/1/2024	No Separate Payment	$0.00
68850	INJECTION FOR TEAR SAC X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
69000	DRG XTRNL EAR ABSC/HEM SMPL	Y	-	1/1/2026	Fee Schedule	$135.95
69005	DRG XTRNL EAR ABSC/HEM COMP	Y	-	1/1/2026	Fee Schedule	$141.99
69020	DRG XTRNL AUD CANAL ABSCESS	Y	-	1/1/2026	Fee Schedule	$176.90
69100	BIOPSY OF EXTERNAL EAR	Y	-	1/1/2026	Fee Schedule	$64.11
69105	BIOPSY OF EXTERNAL EAR CANAL	Y	-	1/1/2026	Fee Schedule	$113.12
69110	REMOVE EXTERNAL EAR PARTIAL	Y	-	1/1/2026	Fee Schedule	$1,248.36
69120	REMOVAL OF EXTERNAL EAR	Y	-	1/1/2026	Fee Schedule	$3,025.62
69140	REMOVE EAR CANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	$3,025.62
69145	REMOVE EAR CANAL LESION(S)	Y	-	1/1/2026	Fee Schedule	$1,248.36
69150	EXTENSIVE EAR CANAL SURGERY	Y	-	1/1/2026	Fee Schedule	$3,025.62
69200	CLEAR OUTER EAR CANAL	-	-	7/1/2018	No Separate Payment	$0.00
69205	CLEAR OUTER EAR CANAL	Y	-	1/1/2026	Fee Schedule	$742.04
69209	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	$0.00
69210	REMOVE IMPACTED EAR WAX UNI	-	-	7/1/2018	No Separate Payment	$0.00
69220	CLEAN OUT MASTOID CAVITY	-	-	7/1/2018	No Separate Payment	$0.00
69222	CLEAN OUT MASTOID CAVITY	Y	-	1/1/2026	Fee Schedule	$163.47
69300	REVISE EXTERNAL EAR	-	-	4/1/2024	Not Allowed	$0.00
69310	REBUILD OUTER EAR CANAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
69320	REBUILD OUTER EAR CANAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
69420	INCISION OF EARDRUM	Y	-	1/1/2026	Fee Schedule	$129.50
69421	INCISION OF EARDRUM	Y	-	1/1/2026	Fee Schedule	$1,480.50
69424	REMOVE VENTILATING TUBE	-	-	1/1/2026	Fee Schedule	$100.03
69433	CREATE EARDRUM OPENING	Y	-	1/1/2026	Fee Schedule	$145.01
69436	CREATE EARDRUM OPENING	Y	-	1/1/2026	Fee Schedule	$659.17
69440	EXPLORATION OF MIDDLE EAR	Y	-	1/1/2026	Fee Schedule	$1,480.50
69450	EARDRUM REVISION	Y	-	1/1/2026	Fee Schedule	$1,480.50
69501	MASTOIDECTOMY	Y	-	1/1/2026	Fee Schedule	$3,025.62
69502	MASTOIDECTOMY	Y	-	1/1/2026	Fee Schedule	$3,025.62
69505	REMOVE MASTOID STRUCTURES	Y	-	1/1/2026	Fee Schedule	$3,025.62
69511	EXTENSIVE MASTOID SURGERY	Y	-	1/1/2026	Fee Schedule	$3,025.62
69530	EXTENSIVE MASTOID SURGERY	Y	-	1/1/2026	Fee Schedule	$3,025.62
69540	EXCISION AURAL POLYP	Y	-	1/1/2026	Fee Schedule	$164.48
69550	EXC AURL GLOMUS TUM TRNSCANL	Y	-	1/1/2026	Fee Schedule	$3,025.62
69552	EXC AURL GLOMUS TUM TRNSMSTD	Y	-	1/1/2026	Fee Schedule	$3,025.62
69601	REVJ MSTDC RSLTG COMPL MSTDC	Y	-	1/1/2026	Fee Schedule	$3,025.62
69602	REV MSTDC RSLT MOD RAD MSTDC	Y	-	1/1/2026	Fee Schedule	$3,025.62
69603	REVJ MSTDC RSLTG RAD MSTDC	Y	-	1/1/2026	Fee Schedule	$3,025.62
69604	REVJ MSTDC RSLTG TYMPANPLSTY	Y	-	1/1/2026	Fee Schedule	$3,025.62
69610	TYMPANIC MEMBRANE REPAIR	Y	-	1/1/2026	Fee Schedule	$217.18
69620	MYRINGOPLASTY	Y	-	1/1/2026	Fee Schedule	$1,480.50
69631	REPAIR EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	$3,025.62
69632	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	$3,025.62
69633	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	$3,025.62
69635	REPAIR EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	$3,025.62
69636	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	$3,025.62
69637	REBUILD EARDRUM STRUCTURES	Y	-	1/1/2026	Fee Schedule	$3,025.62
69641	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	$3,025.62
69642	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	$3,025.62

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69643	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	$3,025.62
69644	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	$3,025.62
69645	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	$3,025.62
69646	REVISE MIDDLE EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	$3,025.62
69650	STAPES MOBILIZATION	Y	-	1/1/2026	Fee Schedule	$1,480.50
69660	REVISE MIDDLE EAR BONE	Y	-	1/1/2026	Fee Schedule	$3,025.62
69661	REVISE MIDDLE EAR BONE	Y	-	1/1/2026	Fee Schedule	$3,025.62
69662	REVISE MIDDLE EAR BONE	Y	-	1/1/2026	Fee Schedule	$3,025.62
69666	REPAIR MIDDLE EAR STRUCTURES	Y	-	1/1/2026	Fee Schedule	$1,480.50
69667	REPAIR MIDDLE EAR STRUCTURES	Y	-	1/1/2026	Fee Schedule	$1,480.50
69670	REMOVE MASTOID AIR CELLS	Y	-	1/1/2026	Fee Schedule	$3,025.62
69676	REMOVE MIDDLE EAR NERVE	Y	-	1/1/2026	Fee Schedule	$1,480.50
69700	CLOSE MASTOID FISTULA	Y	-	1/1/2026	Fee Schedule	$659.17
69705	NPS SURG DILAT EUST TUBE UNI	Y	-	1/1/2026	Fee Schedule	$4,189.74
69706	NPS SURG DILAT EUST TUBE BI	Y	-	1/1/2026	Fee Schedule	$4,319.26
69711	REMOVE/REPAIR HEARING AID	Y	-	1/1/2026	Fee Schedule	$1,480.50
69714	IMPL OI IMPLT SKULL PERQ ESP	Y	-	1/1/2026	Fee Schedule	$10,487.38
69716	IMPL OI IMPLT SK TC ESP<100	Y	-	1/1/2026	Fee Schedule	$10,620.42
69717	RPLCMT OI IMPLT SKL PRQ ESP	Y	-	1/1/2026	Fee Schedule	$5,663.31
69719	RPLCM OI IMPLT SK TC ESP<100	Y	-	1/1/2026	Fee Schedule	$10,371.33
69720	RELEASE FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	$3,025.62
69725	RELEASE FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	$3,025.62
69726	RMV NTR OI IMPLT SKL PRQ ESP	Y	-	1/1/2026	Fee Schedule	$1,644.87
69727	RMV NTR OI IMP SK TC ESP<100	Y	-	1/1/2026	Fee Schedule	$1,644.87
69728	RMV NTR OI IMP SK TC>=100	Y	-	1/1/2026	Fee Schedule	$1,644.87
69729	IMPL OI IMPLT SK TC ESP>=100	Y	-	1/1/2026	Fee Schedule	$10,615.15
69730	RPLC OI IMPLT SK TC ESP>=100	Y	-	1/1/2026	Fee Schedule	$10,238.29
69740	REPAIR FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	$3,025.62
69745	REPAIR FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	$3,025.62
69801	INCISE INNER EAR	Y	-	1/1/2026	Fee Schedule	$147.03
69805	EXPLORE INNER EAR	Y	-	1/1/2026	Fee Schedule	$3,025.62
69806	EXPLORE INNER EAR	Y	-	1/1/2026	Fee Schedule	$3,025.62
69905	REMOVE INNER EAR	Y	-	1/1/2026	Fee Schedule	$3,025.62
69910	REMOVE INNER EAR & MASTOID	Y	-	1/1/2026	Fee Schedule	$3,025.62
69915	INCISE INNER EAR NERVE	Y	-	1/1/2026	Fee Schedule	$1,480.50
69930	IMPLANT COCHLEAR DEVICE	Y	-	1/1/2026	Fee Schedule	$29,768.66
69955	RELEASE FACIAL NERVE	Y	-	1/1/2026	Fee Schedule	$3,025.62
69960	RELEASE INNER EAR CANAL	Y	-	1/1/2026	Fee Schedule	$3,025.62
69970	REMOVE INNER EAR LESION	Y	-	1/1/2026	Fee Schedule	$3,025.62
69990	MICROSURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
70010	CONTRAST X-RAY OF BRAIN	-	-	1/1/2024	No Separate Payment	$0.00
70015	CONTRAST X-RAY OF BRAIN	-	-	1/1/2024	No Separate Payment	$0.00
70030	X-RAY EYE FOR FOREIGN BODY	-	-	1/1/2024	No Separate Payment	$0.00
70100	X-RAY EXAM OF JAW <4VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
70110	X-RAY EXAM OF JAW 4/> VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
70120	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	$0.00
70130	X-RAY EXAM OF MASTOIDS	-	-	7/1/2018	No Separate Payment	$0.00
70134	X-RAY EXAM OF MIDDLE EAR	-	-	7/1/2018	No Separate Payment	$0.00
70140	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	$0.00
70150	X-RAY EXAM OF FACIAL BONES	-	-	7/1/2018	No Separate Payment	$0.00
70160	X-RAY EXAM OF NASAL BONES	-	-	7/1/2018	No Separate Payment	$0.00
70170	X-RAY EXAM OF TEAR DUCT	-	-	7/1/2018	No Separate Payment	$0.00
70190	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	$0.00
70200	X-RAY EXAM OF EYE SOCKETS	-	-	7/1/2018	No Separate Payment	$0.00

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70210	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	$0.00
70220	X-RAY EXAM OF SINUSES	-	-	7/1/2018	No Separate Payment	$0.00
70240	X-RAY EXAM PITUITARY SADDLE	-	-	7/1/2018	No Separate Payment	$0.00
70250	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	$0.00
70260	X-RAY EXAM OF SKULL	-	-	7/1/2018	No Separate Payment	$0.00
70300	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	$0.00
70310	X-RAY EXAM OF TEETH	-	-	7/1/2018	No Separate Payment	$0.00
70320	FULL MOUTH X-RAY OF TEETH	-	-	7/1/2018	No Separate Payment	$0.00
70328	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	$0.00
70330	X-RAY EXAM OF JAW JOINTS	-	-	7/1/2018	No Separate Payment	$0.00
70332	X-RAY EXAM OF JAW JOINT	-	-	7/1/2018	No Separate Payment	$0.00
70336	MAGNETIC IMAGE JAW JOINT	-	-	1/1/2026	Fee Schedule	$131.48
70350	X-RAY HEAD FOR ORTHODONTIA	-	-	7/1/2018	No Separate Payment	$0.00
70355	PANORAMIC X-RAY OF JAWS	-	-	7/1/2018	No Separate Payment	$0.00
70360	X-RAY EXAM OF NECK	-	-	7/1/2018	No Separate Payment	$0.00
70370	THROAT X-RAY & FLUOROSCOPY	-	-	7/1/2018	No Separate Payment	$0.00
70371	SPEECH EVALUATION COMPLEX	-	-	1/1/2024	No Separate Payment	$0.00
70380	X-RAY EXAM OF SALIVARY GLAND	-	-	7/1/2018	No Separate Payment	$0.00
70390	X-RAY EXAM OF SALIVARY DUCT	-	-	7/1/2018	No Separate Payment	$0.00
70450	CT HEAD/BRAIN W/O DYE	-	-	1/1/2026	Fee Schedule	$57.04
70460	CT HEAD/BRAIN W/DYE	-	-	1/1/2026	Fee Schedule	$96.34
70470	CT HEAD/BRAIN W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
70471	CTA H&N C+ W/NONCONTRAST IMG	-	-	1/1/2026	Fee Schedule	$192.55
70472	CT CERE PRFU ALYS C+W/CT/CTA	-	-	1/1/2026	No Separate Payment	$0.00
70473	CT CERE PRFU ALY C+WO CT/CTA	-	-	1/1/2026	Fee Schedule	$97.27
70480	CT ORBIT/EAR/FOSSA W/O DYE	-	-	1/1/2026	Fee Schedule	$57.04
70481	CT ORBIT/EAR/FOSSA W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
70486	CT MAXILLOFACIAL W/O DYE	-	-	1/1/2026	Fee Schedule	$57.04
70487	CT MAXILLOFACIAL W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
70488	CT MAXILLOFACIAL W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
70490	CT SOFT TISSUE NECK W/O DYE	-	-	1/1/2026	Fee Schedule	$57.04
70491	CT SOFT TISSUE NECK W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
70492	CT SFT TSUE NCK W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
70496	CT ANGIOGRAPHY HEAD	-	-	1/1/2026	Fee Schedule	$97.27
70498	CT ANGIOGRAPHY NECK	-	-	1/1/2026	Fee Schedule	$97.27
70540	MRI ORBIT/FACE/NECK W/O DYE	-	-	1/1/2026	Fee Schedule	$131.48
70542	MRI ORBIT/FACE/NECK W/DYE	-	-	1/1/2026	Fee Schedule	$192.01
70543	MRI ORBT/FAC/NCK W/O &W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
70544	MR ANGIOGRAPHY HEAD W/O DYE	-	-	1/1/2026	Fee Schedule	$131.48
70545	MR ANGIOGRAPHY HEAD W/DYE	-	-	1/1/2026	Fee Schedule	$171.19
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
70547	MR ANGIOGRAPHY NECK W/O DYE	-	-	1/1/2026	Fee Schedule	$131.48
70548	MR ANGIOGRAPHY NECK W/DYE	-	-	1/1/2026	Fee Schedule	$176.57
70549	MR ANGIOGRAPH NECK W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
70551	MRI BRAIN STEM W/O DYE	-	-	1/1/2026	Fee Schedule	$127.56
70552	MRI BRAIN STEM W/DYE	-	-	1/1/2026	Fee Schedule	$187.31
70553	MRI BRAIN STEM W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
70554	FMRI BRAIN BY TECH	-	-	1/1/2026	Fee Schedule	$131.48
70555	FMRI BRAIN BY PHYS/PSYCH	-	-	1/1/2026	Fee Schedule	$131.48
70557	MRI BRAIN W/O DYE	-	-	1/1/2026	Fee Schedule	$297.30
70558	MRI BRAIN W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
70559	MRI BRAIN W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
71045	X-RAY EXAM CHEST 1 VIEW	-	-	1/1/2026	Fee Schedule	$16.78

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71046	X-RAY EXAM CHEST 2 VIEWS	-	-	1/1/2026	Fee Schedule	$22.83
71047	X-RAY EXAM CHEST 3 VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
71048	X-RAY EXAM CHEST 4+ VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
71100	X-RAY EXAM RIBS UNI 2 VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
71101	X-RAY EXAM UNILAT RIBS/CHEST	-	-	1/1/2024	No Separate Payment	$0.00
71110	X-RAY EXAM RIBS BIL 3 VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
71111	X-RAY EXAM RIBS/CHEST4/> VWS	-	-	7/1/2018	No Separate Payment	$0.00
71120	X-RAY EXAM BREASTBONE 2/>VWS	-	-	7/1/2018	No Separate Payment	$0.00
71130	X-RAY STRENOCLAVIC JT 3/>VWS	-	-	7/1/2018	No Separate Payment	$0.00
71250	CT THORAX DX C-	-	-	1/1/2026	Fee Schedule	$57.04
71260	CT THORAX DX C+	-	-	1/1/2026	Fee Schedule	$97.27
71270	CT THORAX DX C-/C+	-	-	1/1/2026	Fee Schedule	$97.27
71275	CT ANGIOGRAPHY CHEST	-	-	1/1/2026	Fee Schedule	$97.27
71550	MRI CHEST W/O DYE	-	-	1/1/2026	Fee Schedule	$131.48
71551	MRI CHEST W/DYE	-	-	1/1/2026	Fee Schedule	$292.71
71552	MRI CHEST W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
72020	X-RAY EXAM OF SPINE 1 VIEW	-	-	1/1/2024	No Separate Payment	$0.00
72040	X-RAY EXAM NECK SPINE 2-3 VW	-	-	1/1/2024	No Separate Payment	$0.00
72050	X-RAY EXAM NECK SPINE 4/5VWS	-	-	1/1/2024	No Separate Payment	$0.00
72052	X-RAY EXAM NECK SPINE 6/>VWS	-	-	1/1/2024	No Separate Payment	$0.00
72070	X-RAY EXAM THORAC SPINE 2VWS	-	-	1/1/2024	No Separate Payment	$0.00
72072	X-RAY EXAM THORAC SPINE 3VWS	-	-	7/1/2018	No Separate Payment	$0.00
72074	X-RAY EXAM THORAC SPINE4/>VW	-	-	7/1/2018	No Separate Payment	$0.00
72080	X-RAY EXAM THORACOLMB 2/> VW	-	-	7/1/2018	No Separate Payment	$0.00
72081	X-RAY EXAM ENTIRE SPI 1 VW	-	-	7/1/2018	No Separate Payment	$0.00
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	-	-	7/1/2018	No Separate Payment	$0.00
72083	X-RAY EXAM ENTIRE SPI 4/5 VW	-	-	1/1/2026	Fee Schedule	$57.04
72084	X-RAY EXAM ENTIRE SPI 6/> VW	-	-	1/1/2026	Fee Schedule	$57.04
72100	X-RAY EXAM L-S SPINE 2/3 VWS	-	-	7/1/2018	No Separate Payment	$0.00
72110	X-RAY EXAM L-2 SPINE 4/>VWS	-	-	7/1/2018	No Separate Payment	$0.00
72114	X-RAY EXAM L-S SPINE BENDING	-	-	7/1/2018	No Separate Payment	$0.00
72120	X-RAY BEND ONLY L-S SPINE	-	-	1/1/2024	No Separate Payment	$0.00
72125	CT NECK SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	$57.04
72126	CT NECK SPINE W/DYE	-	-	1/1/2026	Fee Schedule	$112.12
72127	CT NECK SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
72128	CT CHEST SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	$57.04
72129	CT CHEST SPINE W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
72130	CT CHEST SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
72131	CT LUMBAR SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	$57.04
72132	CT LUMBAR SPINE W/DYE	-	-	1/1/2026	Fee Schedule	$112.45
72133	CT LUMBAR SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
72141	MRI NECK SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	$122.52
72142	MRI NECK SPINE W/DYE	-	-	1/1/2026	Fee Schedule	$191.33
72146	MRI CHEST SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	$122.19
72147	MRI CHEST SPINE W/DYE	-	-	1/1/2026	Fee Schedule	$188.99
72148	MRI LUMBAR SPINE W/O DYE	-	-	1/1/2026	Fee Schedule	$123.19
72149	MRI LUMBAR SPINE W/DYE	-	-	1/1/2026	Fee Schedule	$187.64
72156	MRI NECK SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
72157	MRI CHEST SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
72158	MRI LUMBAR SPINE W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
72170	X-RAY EXAM OF PELVIS	-	-	1/1/2024	No Separate Payment	$0.00
72190	X-RAY EXAM OF PELVIS	-	-	1/1/2024	No Separate Payment	$0.00
72191	CT ANGIOGRAPH PELV W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
72192	CT PELVIS W/O DYE	-	-	1/1/2026	Fee Schedule	$57.04

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72193	CT PELVIS W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
72194	CT PELVIS W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
72195	MRI PELVIS W/O DYE	-	-	1/1/2026	Fee Schedule	$131.48
72196	MRI PELVIS W/DYE	-	-	1/1/2026	Fee Schedule	$188.99
72197	MRI PELVIS W/O & W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
72200	X-RAY EXAM SI JOINTS	-	-	1/1/2024	No Separate Payment	$0.00
72202	X-RAY EXAM SI JOINTS 3/> VWS	-	-	1/1/2024	No Separate Payment	$0.00
72220	X-RAY EXAM SACRUM TAILBONE	-	-	1/1/2024	No Separate Payment	$0.00
72240	MYELOGRAPHY NECK SPINE	-	-	1/1/2024	No Separate Payment	$0.00
72255	MYELOGRAPHY THORACIC SPINE	-	-	1/1/2024	No Separate Payment	$0.00
72265	MYELOGRAPHY L-S SPINE	-	-	7/1/2018	No Separate Payment	$0.00
72270	MYELOGPHY 2/> SPINE REGIONS	-	-	7/1/2018	No Separate Payment	$0.00
72285	DISCOGRAPHY CERV/THOR SPINE	-	-	7/1/2018	No Separate Payment	$0.00
72295	X-RAY OF LOWER SPINE DISK	-	-	7/1/2018	No Separate Payment	$0.00
73000	X-RAY EXAM OF COLLAR BONE	-	-	7/1/2018	No Separate Payment	$0.00
73010	X-RAY EXAM OF SHOULDER BLADE	-	-	7/1/2018	No Separate Payment	$0.00
73020	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	$0.00
73030	X-RAY EXAM OF SHOULDER	-	-	7/1/2018	No Separate Payment	$0.00
73040	CONTRAST X-RAY OF SHOULDER	-	-	7/1/2018	No Separate Payment	$0.00
73050	X-RAY EXAM OF SHOULDERS	-	-	7/1/2018	No Separate Payment	$0.00
73060	X-RAY EXAM OF HUMERUS	-	-	7/1/2018	No Separate Payment	$0.00
73070	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	$0.00
73080	X-RAY EXAM OF ELBOW	-	-	7/1/2018	No Separate Payment	$0.00
73085	CONTRAST X-RAY OF ELBOW	-	-	7/1/2018	No Separate Payment	$0.00
73090	X-RAY EXAM OF FOREARM	-	-	7/1/2018	No Separate Payment	$0.00
73092	X-RAY EXAM OF ARM INFANT	-	-	7/1/2018	No Separate Payment	$0.00
73100	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	$0.00
73110	X-RAY EXAM OF WRIST	-	-	7/1/2018	No Separate Payment	$0.00
73115	CONTRAST X-RAY OF WRIST	-	-	7/1/2018	No Separate Payment	$0.00
73120	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	$0.00
73130	X-RAY EXAM OF HAND	-	-	7/1/2018	No Separate Payment	$0.00
73140	X-RAY EXAM OF FINGER(S)	-	-	7/1/2018	No Separate Payment	$0.00
73200	CT UPPER EXTREMITY W/O DYE	-	-	1/1/2026	Fee Schedule	$57.04
73201	CT UPPER EXTREMITY W/DYE	-	-	1/1/2026	Fee Schedule	$146.35
73202	CT UPPR EXTREMITY W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
73206	CT ANGIO UPR EXTRM W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
73218	MRI UPPER EXTREMITY W/O DYE	-	-	1/1/2026	Fee Schedule	$131.48
73219	MRI UPPER EXTREMITY W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
73220	MRI UPPR EXTREMITY W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
73221	MRI JOINT UPR EXTREM W/O DYE	-	-	1/1/2026	Fee Schedule	$131.48
73222	MRI JOINT UPR EXTREM W/DYE	-	-	1/1/2026	Fee Schedule	$237.66
73223	MRI JOINT UPR EXTR W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
73501	X-RAY EXAM HIP UNI 1 VIEW	-	-	1/1/2024	No Separate Payment	$0.00
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
73503	X-RAY EXAM HIP UNI 4/> VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
73521	X-RAY EXAM HIPS BI 2 VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
73522	X-RAY EXAM HIPS BI 3-4 VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
73523	X-RAY EXAM HIPS BI 5/> VIEWS	-	-	7/1/2018	No Separate Payment	$0.00
73525	CONTRAST X-RAY OF HIP	-	-	7/1/2018	No Separate Payment	$0.00
73551	X-RAY EXAM OF FEMUR 1	-	-	7/1/2018	No Separate Payment	$0.00
73552	X-RAY EXAM OF FEMUR 2/>	-	-	7/1/2018	No Separate Payment	$0.00
73560	X-RAY EXAM OF KNEE 1 OR 2	-	-	7/1/2018	No Separate Payment	$0.00
73562	X-RAY EXAM OF KNEE 3	-	-	7/1/2018	No Separate Payment	$0.00
73564	X-RAY EXAM KNEE 4 OR MORE	-	-	7/1/2018	No Separate Payment	$0.00

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73565	X-RAY EXAM OF KNEES	-	-	7/1/2018	No Separate Payment	$0.00
73580	CONTRAST X-RAY OF KNEE JOINT	-	-	7/1/2018	No Separate Payment	$0.00
73590	X-RAY EXAM OF LOWER LEG	-	-	7/1/2018	No Separate Payment	$0.00
73592	X-RAY EXAM OF LEG INFANT	-	-	7/1/2018	No Separate Payment	$0.00
73600	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	$0.00
73610	X-RAY EXAM OF ANKLE	-	-	7/1/2018	No Separate Payment	$0.00
73615	CONTRAST X-RAY OF ANKLE	-	-	7/1/2018	No Separate Payment	$0.00
73620	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	$0.00
73630	X-RAY EXAM OF FOOT	-	-	7/1/2018	No Separate Payment	$0.00
73650	X-RAY EXAM OF HEEL	-	-	7/1/2018	No Separate Payment	$0.00
73660	X-RAY EXAM OF TOE(S)	-	-	7/1/2018	No Separate Payment	$0.00
73700	CT LOWER EXTREMITY W/O DYE	-	-	1/1/2026	Fee Schedule	$57.04
73701	CT LOWER EXTREMITY W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
73702	CT LWR EXTREMITY W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
73706	CT ANGIO LWR EXTR W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
73718	MRI LOWER EXTREMITY W/O DYE	-	-	1/1/2026	Fee Schedule	$131.48
73719	MRI LOWER EXTREMITY W/DYE	-	-	1/1/2026	Fee Schedule	$186.97
73720	MRI LWR EXTREMITY W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
73721	MRI JNT OF LWR EXTRE W/O DYE	-	-	1/1/2026	Fee Schedule	$131.48
73722	MRI JOINT OF LWR EXTR W/DYE	-	-	1/1/2026	Fee Schedule	$240.34
73723	MRI JOINT LWR EXTR W/O&W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
74018	RADEX ABDOMEN 1 VIEW	-	-	1/1/2024	No Separate Payment	$0.00
74019	RADEX ABDOMEN 2 VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
74021	RADEX ABDOMEN 3+ VIEWS	-	-	1/1/2024	No Separate Payment	$0.00
74022	RADEX COMPL AQT ABD SERIES	-	-	1/1/2024	No Separate Payment	$0.00
74150	CT ABDOMEN W/O CONTRAST	-	-	1/1/2026	Fee Schedule	$57.04
74160	CT ABDOMEN W/CONTRAST	-	-	1/1/2026	Fee Schedule	$97.27
74170	CT ABD WO CNTRST FLWD CNTRST	-	-	1/1/2026	Fee Schedule	$97.27
74174	CTA ABD&PLVS W/CONTRAST	-	-	1/1/2026	Fee Schedule	$192.55
74175	CTA ABDOMEN W/CONTRAST	-	-	1/1/2026	Fee Schedule	$97.27
74176	CT ABD & PELVIS W/O CONTRAST	-	-	1/1/2026	Fee Schedule	$103.05
74177	CT ABD & PELVIS W/CONTRAST	-	-	1/1/2026	Fee Schedule	$192.55
74178	CT ABD&PLV WO CNTR FLWD CNTR	-	-	1/1/2026	Fee Schedule	$192.55
74181	MRI ABDOMEN W/O CONTRAST	-	-	1/1/2026	Fee Schedule	$127.56
74182	MRI ABDOMEN W/CONTRAST	-	-	1/1/2026	Fee Schedule	$192.55
74183	MRI ABD W/O CNTR FLWD CNTR	-	-	1/1/2026	Fee Schedule	$192.55
74190	PERITONEOGRAM RS&I	-	-	1/1/2024	No Separate Payment	$0.00
74210	X-RAY XM PHRNX&/CRV ESOPH C+	-	-	1/1/2024	No Separate Payment	$0.00
74220	X-RAY XM ESOPHAGUS 1CNTRST	-	-	1/1/2024	No Separate Payment	$0.00
74221	X-RAY XM ESOPHAGUS 2CNTRST	-	-	1/1/2024	No Separate Payment	$0.00
74230	X-RAY XM SWLNG FUNCJ C+	-	-	1/1/2026	Fee Schedule	$95.67
74235	REMOVE ESOPHAGUS OBSTRUCTION	-	-	1/1/2024	No Separate Payment	$0.00
74240	X-RAY XM UPR GI TRC 1CNTRST	-	-	1/1/2026	Fee Schedule	$84.25
74246	X-RAY XM UPR GI TRC 2CNTRST	-	-	1/1/2026	Fee Schedule	$92.98
74248	X-RAY SM INT F-THRU STD	-	-	1/1/2024	No Separate Payment	$0.00
74250	X-RAY XM SM INT 1CNTRST STD	-	-	1/1/2026	Fee Schedule	$80.90
74251	X-RAY XM SM INT 2CNTRST STD	-	-	1/1/2026	Fee Schedule	$97.27
74261	CT COLONOGRAPHY DX	-	-	1/1/2026	Fee Schedule	$57.04
74262	CT COLONOGRAPHY DX W/DYE	-	-	1/1/2026	Fee Schedule	$97.27
74270	X-RAY XM COLON 1CNTRST STD	-	-	1/1/2024	No Separate Payment	$0.00
74280	X-RAY XM COLON 2CNTRST STD	-	-	1/1/2024	No Separate Payment	$0.00
74283	THER NMA RDCTJ INTUS/OBSTRCJ	-	-	1/1/2026	Fee Schedule	$97.27
74290	CONTRAST X-RAY GALLBLADDER	-	-	1/1/2024	No Separate Payment	$0.00
74300	X-RAY BILE DUCTS/PANCREAS	-	-	7/1/2018	No Separate Payment	$0.00

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74301	X-RAYS AT SURGERY ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
74328	X-RAY BILE DUCT ENDOSCOPY	-	-	1/1/2024	No Separate Payment	$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY	-	-	7/1/2018	No Separate Payment	$0.00
74330	X-RAY BILE/PANC ENDOSCOPY	-	-	7/1/2018	No Separate Payment	$0.00
74340	X-RAY GUIDE FOR GI TUBE	-	-	7/1/2018	No Separate Payment	$0.00
74355	X-RAY GUIDE INTESTINAL TUBE	-	-	7/1/2018	No Separate Payment	$0.00
74360	X-RAY GUIDE GI DILATION	-	-	7/1/2018	No Separate Payment	$0.00
74363	X-RAY BILE DUCT DILATION	-	-	7/1/2018	No Separate Payment	$0.00
74400	UROGRAPHY IV +-KUB TOMOG	-	-	1/1/2026	Fee Schedule	$97.27
74410	UROGRAPHY NFS DRIP&/BOLUS	-	-	1/1/2026	Fee Schedule	$97.27
74415	UROGRAPHY NFS DRIP&/BLS W/NF	-	-	1/1/2026	Fee Schedule	$97.27
74420	UROGRAPHY RTRGR +-KUB	-	-	1/1/2026	Fee Schedule	$192.55
74425	UROGRAPHY ANTEGRADE RS&I	-	-	1/1/2024	No Separate Payment	$0.00
74430	CONTRAST X-RAY BLADDER	-	-	1/1/2024	No Separate Payment	$0.00
74440	X-RAY MALE GENITAL TRACT	-	-	1/1/2024	No Separate Payment	$0.00
74445	X-RAY EXAM OF PENIS	-	-	1/1/2024	No Separate Payment	$0.00
74450	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	$0.00
74455	X-RAY URETHRA/BLADDER	-	-	7/1/2018	No Separate Payment	$0.00
74470	X-RAY EXAM OF KIDNEY LESION	-	-	7/1/2018	No Separate Payment	$0.00
74485	DILATION URTR/URT RS&I	-	-	7/1/2018	No Separate Payment	$0.00
74712	MRI FETAL SNGL/1ST GESTATION	-	-	1/1/2026	Fee Schedule	$131.48
74713	MRI FETAL EA ADDL GESTATION	-	-	7/1/2018	No Separate Payment	$0.00
74740	X-RAY FEMALE GENITAL TRACT	-	-	7/1/2018	No Separate Payment	$0.00
74742	X-RAY FALLOPIAN TUBE	-	-	7/1/2018	No Separate Payment	$0.00
74775	X-RAY EXAM OF PERINEUM	-	-	1/1/2026	Fee Schedule	$131.48
75557	CARDIAC MRI FOR MORPH	-	-	1/1/2026	Fee Schedule	$131.48
75559	CARDIAC MRI W/STRESS IMG	-	-	1/1/2026	Fee Schedule	$245.71
75561	CARDIAC MRI FOR MORPH W/DYE	-	-	1/1/2026	Fee Schedule	$192.55
75563	CARD MRI W/STRESS IMG & DYE	-	-	1/1/2026	Fee Schedule	$292.37
75565	CARD MRI VELOC FLOW MAPPING	-	-	1/1/2024	No Separate Payment	$0.00
75571	CT HRT W/O DYE W/CA TEST	-	-	1/1/2024	No Separate Payment	$0.00
75572	CT HRT W/3D IMAGE	-	-	1/1/2026	Fee Schedule	$149.04
75573	CT HRT C+ STRUX CGEN HRT DS	-	-	1/1/2026	Fee Schedule	$191.00
75574	CT ANGIO HRT W/3D IMAGE	-	-	1/1/2026	Fee Schedule	$192.55
75577	QUAN&CHAR C ATHROSCLRTC PLAQ	-	-	1/1/2026	Not Allowed	$0.00
75600	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	$0.00
75605	CONTRAST EXAM THORACIC AORTA	-	-	7/1/2018	No Separate Payment	$0.00
75625	CONTRAST EXAM ABDOMINL AORTA	-	-	1/1/2024	No Separate Payment	$0.00
75630	X-RAY AORTA LEG ARTERIES	-	-	1/1/2024	No Separate Payment	$0.00
75635	CT ANGIO ABDOMINAL ARTERIES	-	-	1/1/2024	No Separate Payment	$0.00
75705	ARTERY X-RAYS SPINE	-	-	7/1/2018	No Separate Payment	$0.00
75710	ARTERY X-RAYS ARM/LEG	-	-	7/1/2018	No Separate Payment	$0.00
75716	ARTERY X-RAYS ARMS/LEGS	-	-	7/1/2018	No Separate Payment	$0.00
75726	ARTERY X-RAYS ABDOMEN	-	-	7/1/2018	No Separate Payment	$0.00
75731	ARTERY X-RAYS ADRENAL GLAND	-	-	1/1/2026	Fee Schedule	$98.02
75733	ARTERY X-RAYS ADRENALS	-	-	7/1/2018	No Separate Payment	$0.00
75736	ARTERY X-RAYS PELVIS	-	-	7/1/2018	No Separate Payment	$0.00
75741	ARTERY X-RAYS LUNG	-	-	7/1/2018	No Separate Payment	$0.00
75743	ARTERY X-RAYS LUNGS	-	-	7/1/2018	No Separate Payment	$0.00
75746	ARTERY X-RAYS LUNG	-	-	1/1/2026	Fee Schedule	$82.91
75756	ARTERY X-RAYS CHEST	-	-	7/1/2018	No Separate Payment	$0.00
75774	ARTERY X-RAY EACH VESSEL	-	-	7/1/2018	No Separate Payment	$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG	-	-	7/1/2018	No Separate Payment	$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS	-	-	1/1/2026	Fee Schedule	$649.99

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75805	LYMPH VESSEL X-RAY TRUNK	-	-	1/1/2026	Fee Schedule	$1,623.69
75807	LYMPH VESSEL X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	$0.00
75809	NONVASCULAR SHUNT X-RAY	-	-	7/1/2018	No Separate Payment	$0.00
75810	VEIN X-RAY SPLEEN/LIVER	-	-	1/1/2026	Fee Schedule	$1,623.69
75820	VEIN X-RAY ARM/LEG	-	-	1/1/2024	No Separate Payment	$0.00
75822	VEIN X-RAY ARMS/LEGS	-	-	1/1/2026	Fee Schedule	$66.13
75825	VEIN X-RAY TRUNK	-	-	7/1/2018	No Separate Payment	$0.00
75827	VEIN X-RAY CHEST	-	-	7/1/2018	No Separate Payment	$0.00
75831	VEIN X-RAY KIDNEY	-	-	1/1/2024	No Separate Payment	$0.00
75833	VEIN X-RAY KIDNEYS	-	-	7/1/2018	No Separate Payment	$0.00
75840	VEIN X-RAY ADRENAL GLAND	-	-	1/1/2024	No Separate Payment	$0.00
75860	VEIN X-RAY NECK	-	-	7/1/2018	No Separate Payment	$0.00
75870	VEIN X-RAY SKULL	-	-	1/1/2026	Fee Schedule	$121.51
75872	VEIN X-RAY SKULL EPIDURAL	-	-	7/1/2018	No Separate Payment	$0.00
75880	VEIN X-RAY EYE SOCKET	-	-	7/1/2018	No Separate Payment	$0.00
75885	VEIN X-RAY LIVER W/HEMODYNAM	-	-	7/1/2018	No Separate Payment	$0.00
75887	VEIN X-RAY LIVER W/O HEMODYN	-	-	1/1/2026	Fee Schedule	$71.83
75889	VEIN X-RAY LIVER W/HEMODYNAM	-	-	1/1/2024	No Separate Payment	$0.00
75891	VEIN X-RAY LIVER	-	-	7/1/2018	No Separate Payment	$0.00
75893	VENOUS SAMPLING BY CATHETER	-	-	7/1/2018	No Separate Payment	$0.00
75894	X-RAYS TRANSCATH THERAPY	-	-	7/1/2018	No Separate Payment	$0.00
75898	FOLLOW-UP ANGIOGRAPHY	-	-	1/1/2026	Fee Schedule	$166.83
75901	REMOVE CVA DEVICE OBSTRUCT	-	-	7/1/2018	No Separate Payment	$0.00
75902	REMOVE CVA LUMEN OBSTRUCT	-	-	7/1/2018	No Separate Payment	$0.00
75970	VASCULAR BIOPSY	-	-	7/1/2018	No Separate Payment	$0.00
75984	XRAY CONTROL CATHETER CHANGE	-	-	7/1/2018	No Separate Payment	$0.00
75989	ABSCESS DRAINAGE UNDER X-RAY	-	-	1/1/2024	No Separate Payment	$0.00
76000	FLUOROSCOPY <1 HR PHYS/QHP	-	-	1/1/2026	Fee Schedule	$28.53
76010	X-RAY NOSE TO RECTUM	-	-	7/1/2018	No Separate Payment	$0.00
76014	MR SFTY IMPLT&/FB ASMT STF 1	-	-	4/1/2026	Fee Schedule	$10.74
76015	MR SFTY MPLT&/FB ASMT STF EA	-	-	1/1/2025	No Separate Payment	$0.00
76016	MR SAFETY DETER PHYS/QHP	-	-	4/1/2026	Fee Schedule	$43.97
76018	MR SAFETY IMPLANT ELEC PREPJ	-	-	4/1/2026	Fee Schedule	$54.85
76019	MR SAFETY IMPLT POS&/IMMOBLJ	-	-	4/1/2026	Fee Schedule	$33.85
76080	X-RAY EXAM OF FISTULA	-	-	7/1/2018	No Separate Payment	$0.00
76098	X-RAY EXAM SURGICAL SPECIMEN	-	-	7/1/2018	No Separate Payment	$0.00
76100	X-RAY EXAM OF BODY SECTION	-	-	7/1/2018	No Separate Payment	$0.00
76120	CINE/VIDEO X-RAYS	-	-	1/1/2024	No Separate Payment	$0.00
76125	CINE/VIDEO X-RAYS ADD-ON	-	-	7/1/2018	No Separate Payment	$0.00
76145	MED PHYSIC DOS EVAL RAD EXPS	-	-	1/1/2026	Fee Schedule	$204.92
76376	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	$0.00
76377	3D RENDER W/INTRP POSTPROCES	-	-	7/1/2018	No Separate Payment	$0.00
76380	CAT SCAN FOLLOW-UP STUDY	-	-	7/1/2018	No Separate Payment	$0.00
76390	MR SPECTROSCOPY	-	-	1/1/2026	Fee Schedule	$48.98
76391	MR ELASTOGRAPHY	-	-	1/1/2026	Fee Schedule	$131.48
76496	UNLISTED FLUOROSCOPIC PX	-	-	7/1/2018	No Separate Payment	$0.00
76497	UNLISTED CT PROCEDURE	-	-	7/1/2018	No Separate Payment	$0.00
76498	UNLISTED MR PROCEDURE	-	-	1/1/2026	Fee Schedule	$48.98
76499	UNLISTED DX RADIOGRAPHIC PX	-	-	1/1/2024	No Separate Payment	$0.00
76506	ECHO EXAM OF HEAD	-	-	1/1/2024	No Separate Payment	$0.00
76510	OPH US DX B-SCAN&QUAN A-SCAN	-	-	7/1/2018	No Separate Payment	$0.00
76511	OPH US DX QUAN A-SCAN ONLY	-	-	7/1/2018	No Separate Payment	$0.00
76512	OPH US DX B-SCAN	-	-	1/1/2024	No Separate Payment	$0.00
76513	OPH US DX ANT SGM US UNI/BI	-	-	7/1/2018	No Separate Payment	$0.00

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76514	ECHO EXAM OF EYE THICKNESS	-	-	7/1/2018	No Separate Payment	$0.00
76516	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	$0.00
76519	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	$0.00
76529	ECHO EXAM OF EYE	-	-	7/1/2018	No Separate Payment	$0.00
76536	US EXAM OF HEAD AND NECK	-	-	7/1/2018	No Separate Payment	$0.00
76604	US EXAM CHEST	-	-	7/1/2018	No Separate Payment	$0.00
76641	ULTRASOUND BREAST COMPLETE	-	-	7/1/2018	No Separate Payment	$0.00
76642	ULTRASOUND BREAST LIMITED	-	-	7/1/2018	No Separate Payment	$0.00
76700	US EXAM ABDOM COMPLETE	-	-	1/1/2026	Fee Schedule	$57.04
76705	ECHO EXAM OF ABDOMEN	-	-	1/1/2026	Fee Schedule	$57.04
76770	US EXAM ABDO BACK WALL COMP	-	-	1/1/2026	Fee Schedule	$57.04
76775	US EXAM ABDO BACK WALL LIM	-	-	7/1/2018	No Separate Payment	$0.00
76776	US EXAM K TRANSPL W/DOPPLER	-	-	1/1/2026	Fee Schedule	$57.04
76800	US EXAM SPINAL CANAL	-	-	1/1/2024	No Separate Payment	$0.00
76801	OB US < 14 WKS SINGLE FETUS	-	-	1/1/2026	Fee Schedule	$57.04
76802	OB US < 14 WKS ADDL FETUS	-	-	1/1/2024	No Separate Payment	$0.00
76805	OB US >/= 14 WKS SNGL FETUS	-	-	1/1/2026	Fee Schedule	$57.04
76810	OB US >/= 14 WKS ADDL FETUS	-	-	1/1/2024	No Separate Payment	$0.00
76811	OB US DETAILED SNGL FETUS	-	-	1/1/2026	Fee Schedule	$90.97
76812	OB US DETAILED ADDL FETUS	-	-	1/1/2024	No Separate Payment	$0.00
76813	OB US NUCHAL MEAS 1 GEST	-	-	7/1/2018	No Separate Payment	$0.00
76814	OB US NUCHAL MEAS ADD-ON	-	-	1/1/2024	No Separate Payment	$0.00
76815	OB US LIMITED FETUS(S)	-	-	7/1/2018	No Separate Payment	$0.00
76816	OB US FOLLOW-UP PER FETUS	-	-	1/1/2024	No Separate Payment	$0.00
76817	TRANSVAGINAL US OBSTETRIC	-	-	7/1/2018	No Separate Payment	$0.00
76818	FETAL BIOPHYS PROFILE W/NST	-	-	1/1/2026	Fee Schedule	$57.04
76819	FETAL BIOPHYS PROFIL W/O NST	-	-	1/1/2026	Fee Schedule	$50.69
76820	UMBILICAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	$0.00
76821	MIDDLE CEREBRAL ARTERY ECHO	-	-	7/1/2018	No Separate Payment	$0.00
76825	ECHO EXAM OF FETAL HEART	-	-	1/1/2026	Fee Schedule	$182.94
76826	ECHO EXAM OF FETAL HEART	-	-	1/1/2026	Fee Schedule	$118.83
76827	ECHO EXAM OF FETAL HEART	-	-	1/1/2024	No Separate Payment	$0.00
76828	ECHO EXAM OF FETAL HEART	-	-	7/1/2018	No Separate Payment	$0.00
76830	TRANSVAGINAL US NON-OB	-	-	1/1/2026	Fee Schedule	$57.04
76831	ECHO EXAM UTERUS	-	-	1/1/2026	Fee Schedule	$82.58
76856	US EXAM PELVIC COMPLETE	-	-	1/1/2026	Fee Schedule	$57.04
76857	US EXAM PELVIC LIMITED	-	-	1/1/2026	Fee Schedule	$27.19
76870	US EXAM SCROTUM	-	-	7/1/2018	No Separate Payment	$0.00
76872	US TRANSRECTAL	-	-	1/1/2026	Fee Schedule	$57.04
76873	ECHOGRAP TRANS R PROS STUDY	-	-	1/1/2026	Fee Schedule	$57.04
76881	US COMPL JOINT R-T W/IMG	-	-	1/1/2026	Fee Schedule	$10.74
76882	US LMTD JT/FCL EVL NVASC XTR	-	-	1/1/2024	No Separate Payment	$0.00
76883	US NRV&ACC STRUX 1XTR COMPRE	-	-	1/1/2025	No Separate Payment	$0.00
76885	US EXAM INFANT HIPS DYNAMIC	-	-	7/1/2018	No Separate Payment	$0.00
76886	US EXAM INFANT HIPS STATIC	-	-	1/1/2024	No Separate Payment	$0.00
76932	ECHO GUIDE FOR HEART BIOPSY	-	-	1/1/2024	No Separate Payment	$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR	-	-	1/1/2026	Fee Schedule	$119.30
76937	US GUIDE VASCULAR ACCESS	-	-	7/1/2018	No Separate Payment	$0.00
76940	US GUIDE TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	$0.00
76941	ECHO GUIDE FOR TRANSFUSION	-	-	7/1/2018	No Separate Payment	$0.00
76942	ECHO GUIDE FOR BIOPSY	-	-	7/1/2018	No Separate Payment	$0.00
76945	ECHO GUIDE VILLUS SAMPLING	-	-	1/1/2024	No Separate Payment	$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS	-	-	7/1/2018	No Separate Payment	$0.00
76948	ECHO GUIDE OVA ASPIRATION	-	-	7/1/2018	No Separate Payment	$0.00

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76965	ECHO GUIDANCE RADIOTHERAPY	-	-	7/1/2018	No Separate Payment	$0.00
76975	GI ENDOSCOPIC ULTRASOUND	-	-	7/1/2018	No Separate Payment	$0.00
76977	US BONE DENSITY MEASURE	-	-	1/1/2026	Fee Schedule	$4.70
76978	US TRGT DYN MBUBB 1ST LES	-	-	1/1/2026	Fee Schedule	$96.67
76979	US TRGT DYN MBUBB EA ADDL	-	-	1/1/2019	No Separate Payment	$0.00
76981	USE PARENCHYMA	-	-	1/1/2026	Fee Schedule	$57.04
76982	USE 1ST TARGET LESION	-	-	1/1/2026	Fee Schedule	$57.04
76983	USE EA ADDL TARGET LESION	-	-	1/1/2024	No Separate Payment	$0.00
76998	US GUIDE INTRAOP	-	-	1/1/2024	No Separate Payment	$0.00
76999	ECHO EXAMINATION PROCEDURE	-	-	7/1/2018	No Separate Payment	$0.00
77001	FLUOROGUIDE FOR VEIN DEVICE	-	-	1/1/2024	No Separate Payment	$0.00
77002	NEEDLE LOCALIZATION BY XRAY	-	-	1/1/2024	No Separate Payment	$0.00
77003	FLUOROGUIDE FOR SPINE INJECT	-	-	7/1/2018	No Separate Payment	$0.00
77011	CT SCAN FOR LOCALIZATION	-	-	7/1/2018	No Separate Payment	$0.00
77012	CT SCAN FOR NEEDLE BIOPSY	-	-	7/1/2018	No Separate Payment	$0.00
77013	CT GUIDE FOR TISSUE ABLATION	-	-	7/1/2018	No Separate Payment	$0.00
77021	MRI GUIDANCE NDL PLMT RS&I	-	-	7/1/2018	No Separate Payment	$0.00
77022	MRI GDN PARNCHYMA TISS ABLTJ	-	-	7/1/2018	No Separate Payment	$0.00
77046	MRI BREAST C- UNILATERAL	-	-	1/1/2026	Fee Schedule	$131.48
77047	MRI BREAST C- BILATERAL	-	-	1/1/2026	Fee Schedule	$131.48
77053	X-RAY OF MAMMARY DUCT	-	-	7/1/2018	No Separate Payment	$0.00
77054	X-RAY OF MAMMARY DUCTS	-	-	7/1/2018	No Separate Payment	$0.00
77071	MNL APPL STRS JT RADIOGRAPHY	-	-	7/1/2018	No Separate Payment	$0.00
77072	BONE AGE STUDIES	-	-	1/1/2024	No Separate Payment	$0.00
77073	BONE LENGTH STUDIES	-	-	1/1/2024	No Separate Payment	$0.00
77074	RADEX OSSEOUS SURVEY LMTD	-	-	7/1/2018	No Separate Payment	$0.00
77075	RADEX OSSEOUS SURVEY COMPL	-	-	7/1/2018	No Separate Payment	$0.00
77076	RADEX OSSEOUS SURVEY INFANT	-	-	7/1/2018	No Separate Payment	$0.00
77077	JOINT SURVEY SINGLE VIEW	-	-	7/1/2018	No Separate Payment	$0.00
77078	CT BONE DENSITY AXIAL	-	-	1/1/2026	Fee Schedule	$48.98
77080	DXA BONE DENSITY AXIAL	-	-	1/1/2026	Fee Schedule	$29.88
77081	DXA BONE DENSITY APPENDICULR	-	-	1/1/2026	Fee Schedule	$22.15
77084	MRI BONE MARROW BLOOD SUPPLY	-	-	1/1/2026	Fee Schedule	$131.48
77085	DXA BONE DENSITY AXL VRT FX	-	-	7/1/2018	No Separate Payment	$0.00
77086	VRT FRACTURE ASSMT VIA DXA	-	-	1/1/2024	No Separate Payment	$0.00
77280	THER RAD SIMULAJ FIELD SMPL	-	-	1/1/2026	Fee Schedule	$73.56
77285	THER RAD SIMULAJ FIELD INTRM	-	-	1/1/2026	Fee Schedule	$205.82
77290	THER RAD SIMULAJ FIELD CPLX	-	-	1/1/2026	Fee Schedule	$205.82
77293	RESPIRATOR MOTION MGMT SIMUL	-	-	7/1/2018	No Separate Payment	$0.00
77295	3-D RADIOTHERAPY PLAN	-	-	1/1/2026	Fee Schedule	$261.83
77299	UNLISTED PX THER RAD TX PLNG	-	-	1/1/2026	Fee Schedule	$73.56
77300	RADIATION THERAPY DOSE PLAN	-	-	1/1/2026	Fee Schedule	$34.57
77301	RADIOTHERAPY DOSE PLAN IMRT	-	-	1/1/2026	Fee Schedule	$758.79
77306	TELETHX ISODOSE PLAN SIMPLE	-	-	1/1/2026	Fee Schedule	$76.87
77307	TELETHX ISODOSE PLAN CPLX	-	-	1/1/2026	Fee Schedule	$138.97
77316	BRACHYTX ISODOSE PLAN SIMPLE	-	-	1/1/2026	Fee Schedule	$176.23
77317	BRACHYTX ISODOSE INTERMED	-	-	1/1/2026	Fee Schedule	$205.82
77318	BRACHYTX ISODOSE COMPLEX	-	-	1/1/2026	Fee Schedule	$205.82
77321	SPECIAL TELETX PORT PLAN	-	-	1/1/2026	Fee Schedule	$44.98
77331	SPECIAL RADIATION DOSIMETRY	-	-	1/1/2026	Fee Schedule	$19.13
77332	RADIATION TREATMENT AID(S)	-	-	1/1/2026	Fee Schedule	$16.78
77333	RADIATION TREATMENT AID(S)	-	-	1/1/2026	Fee Schedule	$73.56
77334	RADIATION TREATMENT AID(S)	-	-	1/1/2026	Fee Schedule	$66.80
77336	RADIATION PHYSICS CONSULT	-	-	1/1/2026	Fee Schedule	$73.56

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77338	DESIGN MLC DEVICE FOR IMRT	-	-	1/1/2026	Fee Schedule	$205.82
77370	RADIATION PHYSICS CONSULT	-	-	1/1/2026	Fee Schedule	$73.56
77373	STRTCTC BDY RAD THER TX DLVR	-	-	7/1/2018	Fee Schedule	$1,042.88
77387	GUIDANCE FOR RADJ TX DLVR	-	-	1/1/2024	No Separate Payment	$0.00
77399	UNLISTED PX MED RADJ PHYSICS	-	-	1/1/2026	Fee Schedule	$73.56
77402	RADIATION TX DELIVERY LVL 1	-	-	1/1/2026	Fee Schedule	$56.05
77407	RADIATION TX DELIVERY LVL 2	-	-	1/1/2026	Fee Schedule	$301.10
77412	RADIATION TX DELIVERY LVL 3	-	-	1/1/2026	Fee Schedule	$237.84
77417	THER RADIOLOGY PORT IMAGE(S)	-	-	1/1/2024	No Separate Payment	$0.00
77423	NEUTRON BEAM TX COMPLEX	-	-	1/1/2026	Fee Schedule	$33.57
77424	IO RAD TX DELIVERY BY X-RAY	-	-	1/1/2026	Fee Schedule	$2,429.53
77425	IO RAD TX DELIVER BY ELCTRNS	-	-	1/1/2026	Fee Schedule	$2,429.53
77435	SBRT MANAGEMENT	-	-	1/1/2024	No Separate Payment	$0.00
77436	SURF RADJ THER TX PLANNING	-	-	1/1/2026	Not Allowed	$0.00
77437	SURF RADJ THER SUPFC<=150KV	-	-	1/1/2026	Fee Schedule	$56.05
77438	SURF RAD THR ORTHVLT>150-500	-	-	1/1/2026	Fee Schedule	$56.05
77439	SURF RAD THR IMG GDN US PLMT	-	-	1/1/2026	No Separate Payment	$0.00
77469	IO RADIATION TX MANAGEMENT	-	-	7/1/2018	No Separate Payment	$0.00
77470	SPECIAL RADIATION TREATMENT	-	-	1/1/2026	Fee Schedule	$38.94
77520	PROTON TRMT SIMPLE W/O COMP	-	-	1/1/2026	Fee Schedule	$237.84
77522	PROTON TRMT SIMPLE W/COMP	-	-	1/1/2026	Fee Schedule	$687.78
77523	PROTON TRMT INTERMEDIATE	-	-	1/1/2026	Fee Schedule	$687.78
77525	PROTON TREATMENT COMPLEX	-	-	1/1/2026	Fee Schedule	$687.78
77600	HYPERTHERMIA EXT GEN SUPFC	-	-	1/1/2026	Fee Schedule	$301.10
77605	HYPERTHERMIA EXT GEN DEEP	-	-	1/1/2026	Fee Schedule	$387.03
77610	HYPERTHERMIA NTRSTL PRB 5/<	-	-	1/1/2026	Fee Schedule	$237.84
77615	HYPERTHERMIA NTRSTL PRB>5	-	-	1/1/2026	Fee Schedule	$237.84
77620	HYPERTHERMIA GEN INTRCV PRB	-	-	1/1/2026	Fee Schedule	$237.84
77750	INFUSE RADIOACTIVE MATERIALS	-	-	1/1/2026	Fee Schedule	$132.93
77761	APPLY INTRCAV RADIAT SIMPLE	-	-	1/1/2026	Fee Schedule	$223.56
77762	APPLY INTRCAV RADIAT INTERM	-	-	1/1/2026	Fee Schedule	$237.84
77763	APPLY INTRCAV RADIAT COMPL	-	-	1/1/2026	Fee Schedule	$339.03
77767	HDR RDNCL SKN SURF BRACHYTX	-	-	1/1/2026	Fee Schedule	$197.38
77768	HDR RDNCL SKN SURF BRACHYTX	-	-	1/1/2026	Fee Schedule	$297.41
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2026	Fee Schedule	$249.07
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2026	Fee Schedule	$387.03
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	-	-	1/1/2026	Fee Schedule	$387.03
77778	APPLY INTERSTIT RADIAT COMPL	-	-	1/1/2026	Fee Schedule	$387.03
77789	APPLY SURF LDR RADIONUCLIDE	-	-	1/1/2026	Fee Schedule	$56.05
77790	RADIATION HANDLING	-	-	1/1/2024	No Separate Payment	$0.00
77799	UNLISTED PX CLIN BRACHYTX	-	-	1/1/2026	Fee Schedule	$56.05
78012	THYROID UPTAKE MEASUREMENT	-	-	1/1/2026	Fee Schedule	$220.34
78013	THYROID IMAGING W/BLOOD FLOW	-	-	1/1/2026	Fee Schedule	$220.34
78014	THYROID IMAGING W/BLOOD FLOW	-	-	1/1/2026	Fee Schedule	$220.34
78015	THYROID MET IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78016	THYROID MET IMAGING/STUDIES	-	-	1/1/2026	Fee Schedule	$220.34
78018	THYROID MET IMAGING BODY	-	-	1/1/2026	Fee Schedule	$299.90
78020	THYROID MET UPTAKE	-	-	1/1/2024	No Separate Payment	$0.00
78070	PARATHYROID PLANAR IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78071	PARATHYRD PLANAR W/WO SUBTRJ	-	-	1/1/2026	Fee Schedule	$220.34
78072	PARATHYRD PLANAR W/SPECT&CT	-	-	1/1/2026	Fee Schedule	$299.90
78075	ADRENAL CORTEX & MEDULLA IMG	-	-	1/1/2026	Fee Schedule	$719.28
78099	UNLISTED ENDOCRINE PX DX NUC	-	-	1/1/2026	Fee Schedule	$220.34
78102	BONE MARROW IMAGING LTD	-	-	1/1/2026	Fee Schedule	$220.34

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78103	BONE MARROW IMAGING MULT	-	-	1/1/2026	Fee Schedule	$220.34
78104	BONE MARROW IMAGING BODY	-	-	1/1/2026	Fee Schedule	$220.34
78110	PLASMA VOLUME SINGLE	-	-	1/1/2026	Fee Schedule	$719.28
78111	PLASMA VOLUME MULTIPLE	-	-	1/1/2026	Fee Schedule	$719.28
78120	RED CELL MASS SINGLE	-	-	1/1/2026	Fee Schedule	$220.34
78121	RED CELL MASS MULTIPLE	-	-	1/1/2026	Fee Schedule	$299.90
78122	WHL BLD VOLUME DETERMINATION	-	-	1/1/2026	Fee Schedule	$299.90
78130	RED CELL SURVIVAL STUDY	-	-	1/1/2026	Fee Schedule	$220.34
78140	RED CELL SEQUESTRATION	-	-	1/1/2026	Fee Schedule	$220.34
78185	SPLEEN IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78191	PLATELET SURVIVAL STUDY	-	-	1/1/2026	Fee Schedule	$220.34
78195	LYMPH SYSTEM IMAGING	-	-	1/1/2026	Fee Schedule	$299.90
78199	UNLSTD HEMATOP RET/ENDO LYMP	-	-	1/1/2026	Fee Schedule	$220.34
78201	LIVER IMAGING STATIC ONLY	-	-	1/1/2026	Fee Schedule	$299.90
78202	LIVER IMAGING WITH VASC FLOW	-	-	1/1/2026	Fee Schedule	$299.90
78215	LVR&SPLEEN IMG STATIC ONLY	-	-	1/1/2026	Fee Schedule	$220.34
78216	LVR&SPLEEN IMG W/VASC FLOW	-	-	1/1/2026	Fee Schedule	$220.34
78226	HEPATOBILIARY SYSTEM IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78227	HEPATOBIL SYST IMAGE W/DRUG	-	-	1/1/2026	Fee Schedule	$299.90
78230	SALIVARY GLAND IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78231	SALIVARY GLND IMG SERIAL IMG	-	-	1/1/2026	Fee Schedule	$220.34
78232	SALIVARY GLAND FUNCTION STD	-	-	1/1/2026	Fee Schedule	$220.34
78258	ESOPHAGEAL MOTILITY	-	-	1/1/2026	Fee Schedule	$220.34
78261	GASTRIC MUCOSA IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78262	GASTROESOPHAGEAL REFLUX STD	-	-	1/1/2026	Fee Schedule	$220.34
78264	GASTRIC EMPTYING IMG STUDY	-	-	1/1/2026	Fee Schedule	$220.34
78265	GSTR EMPTG IMG SM BWL TRNST	-	-	1/1/2026	Fee Schedule	$220.34
78266	GSTR EMPT IMG SM BWL&COLON	-	-	1/1/2026	Fee Schedule	$299.90
78278	ACUTE GI BLOOD LOSS IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78282	GI PROTEIN LOSS	-	-	1/1/2026	Fee Schedule	$220.34
78290	INTESTINE IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78291	PERTL-VEN SHUNT PATENCY TEST	-	-	1/1/2026	Fee Schedule	$220.34
78299	UNLISTED GI PX DX NUC MED	-	-	1/1/2026	Fee Schedule	$220.34
78300	BONE IMAGING LIMITED AREA	-	-	1/1/2026	Fee Schedule	$220.34
78305	BONE IMAGING MULTIPLE AREAS	-	-	1/1/2026	Fee Schedule	$220.34
78306	BONE IMAGING WHOLE BODY	-	-	1/1/2026	Fee Schedule	$220.34
78315	BONE IMAGING 3 PHASE	-	-	1/1/2026	Fee Schedule	$220.34
78399	UNLISTED MUSCSKEL PX DX NUC	-	-	1/1/2026	Fee Schedule	$220.34
78414	NON-IMAGING HEART FUNCTION	-	-	1/1/2026	Fee Schedule	$299.90
78428	CARDIAC SHUNT IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78429	MYOCRD IMG PET 1 STD W/CT	-	-	1/1/2026	Fee Schedule	$784.99
78430	MYOCRD IMG PET RST/STRS W/CT	-	-	1/1/2026	Fee Schedule	$784.99
78431	MYOCRD IMG PET RST&STRS CT	-	-	1/1/2026	Fee Schedule	$1,209.08
78432	MYOCRD IMG PET 2RTRACER	-	-	1/1/2026	Fee Schedule	$886.73
78433	MYOCRD IMG PET 2RTRACER CT	-	-	1/1/2026	Fee Schedule	$1,209.08
78434	AQMBF PET REST & RX STRESS	-	-	1/1/2024	No Separate Payment	$0.00
78445	VASCULAR FLOW IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78451	HT MUSCLE IMAGE SPECT SING	-	-	1/1/2026	Fee Schedule	$719.28
78452	HT MUSCLE IMAGE SPECT MULT	-	-	1/1/2026	Fee Schedule	$719.28
78453	HT MUSCLE IMAGE PLANAR SING	-	-	1/1/2026	Fee Schedule	$719.28
78454	HT MUSC IMAGE PLANAR MULT	-	-	1/1/2026	Fee Schedule	$719.28
78456	ACUTE VENOUS THROMBUS IMAGE	-	-	1/1/2026	Fee Schedule	$719.28
78457	VENOUS THROMBOSIS IMAGING	-	-	1/1/2026	Fee Schedule	$299.90
78458	VEN THROMBOSIS IMAGES BILAT	-	-	1/1/2026	Fee Schedule	$220.34

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78459	MYOCRD IMG PET SINGLE STUDY	-	-	1/1/2026	Fee Schedule	$719.28
78466	HEART INFARCT IMAGE	-	-	1/1/2026	Fee Schedule	$220.34
78468	HEART INFARCT IMAGE (EF)	-	-	1/1/2026	Fee Schedule	$299.90
78469	HEART INFARCT IMAGE (3D)	-	-	1/1/2026	Fee Schedule	$299.90
78472	GATED HEART PLANAR SINGLE	-	-	1/1/2026	Fee Schedule	$220.34
78473	GATED HEART MULTIPLE	-	-	1/1/2026	Fee Schedule	$220.34
78481	HEART FIRST PASS SINGLE	-	-	1/1/2026	Fee Schedule	$299.90
78483	HEART FIRST PASS MULTIPLE	-	-	1/1/2026	Fee Schedule	$299.90
78491	MYOCRD IMG PET 1STD RST/STRS	-	-	1/1/2026	Fee Schedule	$784.99
78492	MYOCRD IMG PET MLT RST&STRS	-	-	1/1/2026	Fee Schedule	$784.99
78494	HEART IMAGE SPECT	-	-	1/1/2026	Fee Schedule	$220.34
78496	HEART FIRST PASS ADD-ON	-	-	1/1/2024	No Separate Payment	$0.00
78499	UNLISTED CV PX DX NUC MED	-	-	1/1/2026	Fee Schedule	$220.34
78579	LUNG VENTILATION IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78580	LUNG PERFUSION IMAGING	-	-	1/1/2026	Fee Schedule	$220.34
78582	LUNG VENTILAT&PERFUS IMAGING	-	-	1/1/2026	Fee Schedule	$299.90
78597	LUNG PERFUSION DIFFERENTIAL	-	-	1/1/2026	Fee Schedule	$220.34
78598	LUNG PERF&VENTILAT DIFERENTL	-	-	1/1/2026	Fee Schedule	$299.90
78599	UNLISTED RESP PX DX NUC MED	-	-	1/1/2026	Fee Schedule	$220.34
78600	BRAIN IMAGE < 4 VIEWS	-	-	1/1/2026	Fee Schedule	$220.34
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	-	-	1/1/2026	Fee Schedule	$220.34
78605	BRAIN IMAGE 4+ VIEWS	-	-	1/1/2026	Fee Schedule	$299.90
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	-	-	1/1/2026	Fee Schedule	$299.90
78608	BRAIN IMAGING (PET)	-	-	1/1/2026	Fee Schedule	$784.99
78610	BRAIN FLOW IMAGING ONLY	-	-	1/1/2026	Fee Schedule	$299.90
78630	CEREBROSPINAL FLUID SCAN	-	-	1/1/2026	Fee Schedule	$299.90
78635	CSF VENTRICULOGRAPHY	-	-	1/1/2026	Fee Schedule	$299.90
78645	CSF SHUNT EVALUATION	-	-	1/1/2026	Fee Schedule	$299.90
78650	CSF LEAKAGE IMAGING	-	-	1/1/2026	Fee Schedule	$719.28
78660	NUCLEAR EXAM OF TEAR FLOW	-	-	1/1/2026	Fee Schedule	$220.34
78699	UNLISTED NRVS SYS PX DX NUC	-	-	1/1/2026	Fee Schedule	$220.34
78700	KIDNEY IMAGING MORPHOL	-	-	1/1/2026	Fee Schedule	$220.34
78701	KIDNEY IMAGING WITH FLOW	-	-	1/1/2026	Fee Schedule	$220.34
78707	K FLOW/FUNCT IMAGE W/O DRUG	-	-	1/1/2026	Fee Schedule	$299.90
78708	K FLOW/FUNCT IMAGE W/DRUG	-	-	1/1/2026	Fee Schedule	$299.90
78709	K FLOW/FUNCT IMAGE MULTIPLE	-	-	1/1/2026	Fee Schedule	$299.90
78725	KIDNEY FUNCTION STUDY	-	-	1/1/2026	Fee Schedule	$220.34
78730	URINARY BLADDER RETENTION	-	-	1/1/2024	No Separate Payment	$0.00
78740	URETERAL REFLUX STUDY	-	-	1/1/2026	Fee Schedule	$220.34
78761	TESTICULAR IMAGING W/FLOW	-	-	1/1/2026	Fee Schedule	$220.34
78799	UNLISTED GU PX DX NUC MED	-	-	1/1/2026	Fee Schedule	$220.34
78800	RP LOCLZJ TUM 1 AREA 1 D IMG	-	-	1/1/2026	Fee Schedule	$220.34
78801	RP LOCLZJ TUM 2+AREA 1+D IMG	-	-	1/1/2026	Fee Schedule	$220.34
78802	RP LOCLZJ TUM WHBDY 1 D IMG	-	-	1/1/2026	Fee Schedule	$299.90
78803	RP LOCLZJ TUM SPECT 1 AREA	-	-	1/1/2026	Fee Schedule	$299.90
78804	RP LOCLZJ TUM WHBDY 2+D IMG	-	-	1/1/2026	Fee Schedule	$299.90
78808	IV INJ RA DRUG DX STUDY	-	-	1/1/2024	No Separate Payment	$0.00
78811	PET IMAGE LTD AREA	-	-	1/1/2026	Fee Schedule	$719.28
78812	PET IMAGE SKULL-THIGH	-	-	1/1/2026	Fee Schedule	$784.99
78813	PET IMAGE FULL BODY	-	-	1/1/2026	Fee Schedule	$784.99
78814	PET IMAGE W/CT LMTD	-	-	1/1/2026	Fee Schedule	$784.99
78815	PET IMAGE W/CT SKULL-THIGH	-	-	1/1/2026	Fee Schedule	$784.99
78816	PET IMAGE W/CT FULL BODY	-	-	1/1/2026	Fee Schedule	$784.99
78830	RP LOCLZJ TUM SPECT W/CT 1	-	-	1/1/2026	Fee Schedule	$719.28

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78831	RP LOCLZJ TUM SPECT 2 AREAS	-	-	1/1/2026	Fee Schedule	$719.28
78832	RP LOCLZJ TUM SPECT W/CT 2	-	-	1/1/2026	Fee Schedule	$784.99
78835	RP QUAN MEAS SINGLE AREA	-	-	1/1/2025	No Separate Payment	$0.00
78999	UNLISTED MISC PX DX NUC MED	-	-	1/1/2026	Fee Schedule	$220.34
79005	NUCLEAR RX ORAL ADMIN	-	-	1/1/2026	Fee Schedule	$50.35
79101	NUCLEAR RX IV ADMIN	-	-	1/1/2026	Fee Schedule	$53.04
79200	NUCLEAR RX INTRACAV ADMIN	-	-	1/1/2026	Fee Schedule	$52.70
79300	NUCLR RX INTERSTIT COLLOID	-	-	1/1/2026	Fee Schedule	$128.03
79403	HEMATOPOIETIC NUCLEAR TX	-	-	1/1/2026	Fee Schedule	$68.81
79440	NUCLEAR RX INTRA-ARTICULAR	-	-	1/1/2026	Fee Schedule	$39.27
79445	NUCLEAR RX INTRA-ARTERIAL	-	-	1/1/2026	Fee Schedule	$128.03
79999	RP THERAPY UNLISTED PX	-	-	1/1/2026	Fee Schedule	$128.03
81354	CYTOG ALYS CHRML ABNOR OGM	-	-	1/1/2026	Not Allowed	$0.00
81524	ONC CNS TUM DNA MTHYL 10,000	-	-	1/1/2026	Not Allowed	$0.00
87182	SC STD CARBAPENEMASE NZM DET	-	-	1/1/2026	Not Allowed	$0.00
87183	SC STD CARBAPENEM RESIST GEN	-	-	1/1/2026	Not Allowed	$0.00
87494	CHLMY TRCH&NEISRA GONOR MULT	-	-	1/1/2026	Not Allowed	$0.00
87627	JT SPC PTHGN&RX RSIST GEN26+	-	-	1/1/2026	Not Allowed	$0.00
87638	IADNA DNA/RNA RUBEOLA MEASLS	-	-	10/1/2026	Not Allowed	$0.00
87812	SARSCOV2&INF TYP A&B W/OPTIC	-	-	1/1/2026	Not Allowed	$0.00
90296	DIPHTHERIA ANTITOXIN	-	-	7/1/2018	Not Allowed	$0.00
90371	HEP B IG IM	-	-	10/1/2026	Fee Schedule	$138.23
90375	RABIES IG IM/SC	-	-	10/1/2026	Fee Schedule	$276.04
90376	RABIES IG HEAT TREATED	-	-	1/1/2026	Fee Schedule	$352.44
90377	RABIES IG HT&SOL HUMAN IM/SC	-	-	10/1/2026	Fee Schedule	$250.54
90378	RSV MAB IM 50MG	-	-	1/1/2026	Fee Schedule	$436.75
90385	RH IG MINIDOSE IM	-	-	4/1/2026	Fee Schedule	$80.00
90393	VACCINA IG IM	-	-	1/1/2024	Not Allowed	$0.00
90396	VARICELLA-ZOSTER IG IM	-	-	10/1/2026	Fee Schedule	$2,496.91
90476	ADENOVIRUS VACCINE TYPE 4	-	-	1/1/2025	No Separate Payment	$0.00
90477	ADENOVIRUS VACCINE TYPE 7	-	-	7/1/2018	Not Allowed	$0.00
90481	ADMN SARSCOV2 VAC EA ADD CMP	-	-	1/1/2026	Not Allowed	$0.00
90482	IMM CNSL NOT ADMN SM 3<10	-	-	1/1/2026	Not Allowed	$0.00
90483	IMM CNSL NOT ADMN SM>10<20	-	-	1/1/2026	Not Allowed	$0.00
90484	IMM CNSL NOT ADMN SM>20	-	-	1/1/2026	Not Allowed	$0.00
90581	ANTHRAX VACCINE SC OR IM	-	-	1/1/2024	Not Allowed	$0.00
90611	SMALLPOX&MONKEYPOX VAC 0.5ML	-	-	1/1/2026	Not Allowed	$0.00
90616	TIRV VACC MRNA 37.5/0.38 IM	-	-	10/1/2026	Not Allowed	$0.00
90622	VACCINIA VRS VAC 0.3 ML PERQ	-	-	1/1/2026	Not Allowed	$0.00
90631	H5 VACCINE PANDEMIC IM USE	-	-	1/1/2026	Not Allowed	$0.00
90632	HEPA VACCINE ADULT IM	-	-	7/1/2018	No Separate Payment	$0.00
90633	HEPA VACC PED/ADOL 2 DOSE IM	-	-	1/1/2024	No Separate Payment	$0.00
90634	HEPA VACC PED/ADOL 3 DOSE	-	-	1/1/2024	Not Allowed	$0.00
90636	HEP A/HEP B VACC ADULT IM	-	-	7/1/2018	No Separate Payment	$0.00
90639	VACC QIRV MRNA 50MCG/.5ML IM	-	-	10/1/2026	Not Allowed	$0.00
90644	HIB-MENCY VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	$0.00
90647	HIB PRP-OMP VACC 3 DOSE IM	-	-	7/1/2018	No Separate Payment	$0.00
90648	HIB PRP-T VACCINE 4 DOSE IM	-	-	7/1/2018	No Separate Payment	$0.00
90653	IIV ADJUVANT VACCINE IM	-	-	7/1/2018	No Separate Payment	$0.00
90655	IIV3 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	$0.00
90656	IIV3 VACC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	$0.00
90657	IIV3 VACCINE SPLT 0.25 ML IM	-	-	7/1/2018	No Separate Payment	$0.00
90658	LIV3 VACCINE SPLT 0.5 ML IM	-	-	1/1/2025	No Separate Payment	$0.00
90660	LAIV3 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	$0.00

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90661	CCIIV3 VAC ABX FR 0.5 ML IM	-	-	7/1/2018	No Separate Payment	$0.00
90662	IIV NO PRSV INCREASED AG IM	-	-	7/1/2018	No Separate Payment	$0.00
90670	PCV13 VACCINE IM	-	-	7/1/2018	No Separate Payment	$0.00
90672	LAIV4 VACCINE INTRANASAL	-	-	7/1/2018	No Separate Payment	$0.00
90673	RIV3 VACCINE NO PRESERV IM	-	-	7/1/2018	No Separate Payment	$0.00
90674	CCIIV4 VAC NO PRSV 0.5 ML IM	-	-	7/1/2018	No Separate Payment	$0.00
90675	RABIES VACCINE IM	-	-	10/1/2026	Fee Schedule	$327.99
90676	RABIES VACCINE ID	-	-	1/1/2026	Fee Schedule	$236.86
90677	PCV20 VACCINE IM	-	-	10/1/2021	No Separate Payment	$0.00
90680	RV5 VACC 3 DOSE LIVE ORAL	-	-	1/1/2023	Not Allowed	$0.00
90682	RIV4 VACC RECOMBINANT DNA IM	-	-	7/1/2018	No Separate Payment	$0.00
90684	PCV21 VACCINE IM	-	-	1/1/2025	No Separate Payment	$0.00
90685	IIV4 VACC NO PRSV 0.25 ML IM	-	-	7/1/2018	No Separate Payment	$0.00
90686	IIV4 VACC NO PRSV 0.5 ML IM	-	-	1/1/2024	No Separate Payment	$0.00
90687	IIV4 VACCINE SPLT 0.25 ML IM	-	-	1/1/2024	No Separate Payment	$0.00
90688	IIV4 VACCINE SPLT 0.5 ML IM	-	-	7/1/2018	No Separate Payment	$0.00
90689	VACC IIV4 NO PRSRV 0.25ML IM	-	-	7/1/2019	No Separate Payment	$0.00
90690	TYPHOID VACCINE ORAL	-	-	7/1/2018	No Separate Payment	$0.00
90691	TYPHOID VACCINE IM	-	-	7/1/2018	No Separate Payment	$0.00
90694	VACC AIIV4 NO PRSRV 0.5ML IM	-	-	1/1/2021	No Separate Payment	$0.00
90696	DTAP-IPV VACCINE 4-6 YRS IM	-	-	7/1/2018	No Separate Payment	$0.00
90698	DTAP-IPV/HIB VACCINE IM	-	-	7/1/2018	No Separate Payment	$0.00
90700	DTAP VACCINE < 7 YRS IM	-	-	7/1/2018	No Separate Payment	$0.00
90702	DT VACCINE UNDER 7 YRS IM	-	-	7/1/2018	No Separate Payment	$0.00
90707	MMR VACCINE SC	-	-	7/1/2018	No Separate Payment	$0.00
90710	MMRV VACCINE SC	-	-	7/1/2018	No Separate Payment	$0.00
90713	POLIOVIRUS IPV SC/IM	-	-	7/1/2018	No Separate Payment	$0.00
90714	TD VACC NO PRESV 7 YRS+ IM	-	-	7/1/2018	No Separate Payment	$0.00
90715	TDAP VACCINE 7 YRS/> IM	-	-	7/1/2018	No Separate Payment	$0.00
90717	YELLOW FEVER VACCINE SUBQ	-	-	7/1/2018	No Separate Payment	$0.00
90732	PPSV23 VACC 2 YRS+ SUBQ/IM	-	-	7/1/2018	No Separate Payment	$0.00
90739	HEPB VACC 2/4 DOSE ADULT IM	-	-	10/1/2022	No Separate Payment	$0.00
90740	HEPB VACC 3 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	$0.00
90743	HEPB VACC 2 DOSE ADOLESC IM	-	-	7/1/2018	No Separate Payment	$0.00
90744	HEPB VACC 3 DOSE PED/ADOL IM	-	-	7/1/2018	No Separate Payment	$0.00
90746	HEPB VACCINE 3 DOSE ADULT IM	-	-	7/1/2018	No Separate Payment	$0.00
90747	HEPB VACC 4 DOSE IMMUNSUP IM	-	-	7/1/2018	No Separate Payment	$0.00
90749	UNLISTED VACCINE/TOXOID	-	-	7/1/2018	No Separate Payment	$0.00
90756	CCIIV4 VACC ABX FREE IM	-	-	7/1/2018	No Separate Payment	$0.00
90759	HEP B VAC 3AG 10MCG 3 DOS IM	-	-	4/1/2022	No Separate Payment	$0.00
90885	PSY EVALUATION OF RECORDS	-	-	1/1/2025	No Separate Payment	$0.00
90887	INTERPJ/EXPLNAJ RSLT PSYC XM	-	-	1/1/2025	No Separate Payment	$0.00
90889	PREPARATION OF REPORT	-	-	1/1/2025	No Separate Payment	$0.00
90940	HEMODIALYSIS ACCESS STUDY	-	-	1/1/2025	No Separate Payment	$0.00
91010	ESOPHAGUS MOTILITY STUDY	-	-	4/1/2026	Fee Schedule	$178.58
91013	ESOPHGL MOTIL W/STIM/PERFUS	-	-	1/1/2026	Not Allowed	$0.00
91020	GASTRIC MOTILITY STUDIES	-	-	4/1/2026	Fee Schedule	$204.92
91022	DUODENAL MOTILITY STUDY	-	-	4/1/2026	Fee Schedule	$118.16
91030	ACID PERFUSION OF ESOPHAGUS	-	-	4/1/2026	Fee Schedule	$114.80
91034	GASTROESOPHAGEAL REFLUX TEST	-	-	4/1/2026	Fee Schedule	$152.40
91035	G-ESOPH REFLX TST W/ELECTROD	-	-	1/1/2026	Fee Schedule	$418.92
91037	ESOPH IMPED FUNCTION TEST	-	-	4/1/2026	Fee Schedule	$119.30
91038	ESOPH IMPED FUNCT TEST > 1HR	-	-	4/1/2026	Fee Schedule	$204.92
91040	ESOPH BALLOON DISTENSION TST	-	-	4/1/2026	Fee Schedule	$204.92

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91065	BREATH HYDROGEN/METHANE TEST	-	-	4/1/2026	Fee Schedule	$54.72
91110	GI TRC IMG INTRAL ESOPH-ILE	-	-	4/1/2026	Fee Schedule	$497.85
91111	GI TRC IMG INTRAL ESOPHAGUS	-	-	4/1/2026	Fee Schedule	$497.85
91112	GI WIRELESS CAPSULE MEASURE	-	-	4/1/2026	Fee Schedule	$497.85
91113	GI TRC IMG INTRAL COLON I&R	-	-	4/1/2026	Fee Schedule	$510.49
91117	COLON MOTILITY 6 HR STUDY	-	-	4/1/2026	Fee Schedule	$119.30
91124	RCT SNSATN TONE&CMPLIANC STD	-	-	1/1/2026	Fee Schedule	$119.30
91125	ANRCT MANO RCT SNSATN&BALO	-	-	1/1/2026	Fee Schedule	$204.92
91200	LIVER ELASTOGRAPHY	-	-	1/1/2025	No Separate Payment	$0.00
91304	SARSCOV2 VAC 5MCG/0.5ML IM	-	-	1/1/2024	No Separate Payment	$0.00
91323	SARSCOV2 VAC 10 MCG/0.2ML IM	-	-	10/1/2025	No Separate Payment	$0.00
92071	CONTACT LENS FITTING FOR TX	-	-	7/1/2018	No Separate Payment	$0.00
92072	FITG C-LENS KERATOCONUS 1ST	-	-	7/1/2018	No Separate Payment	$0.00
92288	SCR DARK ADAPTATION MEAS I&R	-	-	1/1/2026	Not Allowed	$0.00
92628	EVAL HEARING AID CAND 1ST 30	-	-	1/1/2026	Not Allowed	$0.00
92629	EVAL HEARING AID CAND EA ADD	-	-	1/1/2026	Not Allowed	$0.00
92631	HEARING AID SLCTN SVC 1ST 30	-	-	1/1/2026	Not Allowed	$0.00
92632	HEARING AID SLCTN SVC EA ADD	-	-	1/1/2026	Not Allowed	$0.00
92634	HEARING AID FITG SVC 1ST 60	-	-	1/1/2026	Not Allowed	$0.00
92635	HEARING AID FITG SVC EA ADDL	-	-	1/1/2026	Not Allowed	$0.00
92636	HEARING AID POST-FITG F-UP 1	-	-	1/1/2026	Not Allowed	$0.00
92637	HEARING AID PST-FITG F-UP EA	-	-	1/1/2026	Not Allowed	$0.00
92638	BHVL VERIF OF AMPLIFICATION	-	-	1/1/2026	Not Allowed	$0.00
92639	HEARING AID MEAS VERIF	-	-	1/1/2026	Not Allowed	$0.00
92641	HEARING DEV VERIF EACOUS ALY	-	-	1/1/2026	Not Allowed	$0.00
92642	HEARING ASSTV DEV FITG SVC	-	-	1/1/2026	Not Allowed	$0.00
92920	PRQ TRLUML C ANGIOP 1ART&/BR	Y	-	1/1/2026	Fee Schedule	$3,849.47
92924	PRQ TRLUML C ATHRC 1 ART&/BR	Y	-	1/1/2026	Fee Schedule	$8,447.98
92928	PRQ TCAT PLMT NTRAC ST 1 LES	Y	-	1/1/2026	Fee Schedule	$7,308.54
92930	PRQ TCAT PLMT NTRAC ST 2+LES	Y	-	1/1/2026	Fee Schedule	$12,842.00
92933	PRQ TRLML C ATHRC ST ANGIOP1	Y	-	1/1/2026	Fee Schedule	$12,964.84
92937	PRQ TRLUML REVSC CAB GRF 1	Y	-	1/1/2026	Fee Schedule	$7,422.90
92943	PRQ TRLUML REVSC CH OCC ANT	Y	-	1/1/2026	Fee Schedule	$7,883.16
92945	PRQ TRL RVS CH OCC ANT&RTRGR	Y	-	1/1/2026	Fee Schedule	$7,438.31
92960	CARDIOVERSION ELECTRIC EXT	-	-	4/1/2026	Fee Schedule	$363.56
92961	CARDIOVERSION ELECTRIC INT	-	-	4/1/2026	Fee Schedule	$363.56
92972	PERQ TRLUML CORONRY LITHOTRP	-	-	1/1/2026	Not Allowed	$0.00
92973	PRQ TRLUML C MCHN ASP THRMBC	-	-	1/1/2026	No Separate Payment	$0.00
92974	CATH PLACE CARDIO BRACHYTX	-	-	4/1/2023	No Separate Payment	$0.00
92978	ENDOLUMINL IVUS OCT C 1ST	-	-	4/1/2023	No Separate Payment	$0.00
93145	INTERROG CRTD SINS BAT IP WO	-	-	1/1/2026	Not Allowed	$0.00
93146	INTERROG CRTD SINS BAT IP W/	-	-	1/1/2026	Not Allowed	$0.00
93312	ECHO TRANSESOPHAGEAL	-	-	4/1/2026	Fee Schedule	$133.93
93318	ECHO TRANSESOPHAGEAL INTRAOP	-	-	4/1/2026	Fee Schedule	$297.30
93355	ECHO TRANSESOPHAGEAL (TEE)	-	-	1/1/2025	No Separate Payment	$0.00
93451	RIGHT HEART CATH	Y	-	1/1/2026	Fee Schedule	$1,707.76
93452	LEFT HRT CATH W/VENTRCLGRPHY	Y	-	1/1/2026	Fee Schedule	$1,707.76
93453	R&L HRT CATH W/VENTRICLGRPHY	Y	-	1/1/2026	Fee Schedule	$1,707.76
93454	CORONARY ARTERY ANGIO S&I	Y	-	1/1/2026	Fee Schedule	$1,707.76
93455	CORONARY ART/GRFT ANGIO S&I	Y	-	1/1/2026	Fee Schedule	$1,707.76
93456	R HRT CORONARY ARTERY ANGIO	Y	-	1/1/2026	Fee Schedule	$1,707.76
93457	R HRT ART/GRFT ANGIO	Y	-	1/1/2026	Fee Schedule	$1,707.76
93458	L HRT ARTERY/VENTRICLE ANGIO	Y	-	1/1/2026	Fee Schedule	$1,707.76
93459	L HRT ART/GRFT ANGIO	Y	-	1/1/2026	Fee Schedule	$1,707.76

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93460	R&L HRT ART/VENTRICLE ANGIO	Y	-	1/1/2026	Fee Schedule	$1,707.76
93461	R&L HRT ART/VENTRICLE ANGIO	Y	-	1/1/2026	Fee Schedule	$1,707.76
93462	L HRT CATH TRNSPTL PUNCTURE	-	-	1/1/2019	No Separate Payment	$0.00
93463	DRUG ADMIN & HEMODYNMIC MEAS	-	-	4/1/2023	No Separate Payment	$0.00
93566	NJX CAR CTH SLCTV RV/RA ANG	-	-	1/1/2019	No Separate Payment	$0.00
93567	NJX CAR CTH SPRVLV AORTGRPHY	-	-	1/1/2019	No Separate Payment	$0.00
93568	NJX CAR CTH NSLC P-ART ANGRP	-	-	1/1/2019	No Separate Payment	$0.00
93571	IV DOP VEL&/PRESS C FLO 1ST	-	-	1/1/2019	No Separate Payment	$0.00
93572	IV DOP VEL&/PRESS C FLO EA	-	-	1/1/2019	No Separate Payment	$0.00
93619	COMPREHENSIVE EP EVALUATION	-	-	4/1/2026	Fee Schedule	$4,149.41
93620	COMP EP EVL R AT VEN PAC&REC	-	-	4/1/2026	Fee Schedule	$4,149.41
93623	PRGRMD STIMJ&PACG IV RX NFS	-	-	1/1/2026	Not Allowed	$0.00
93642	EP EVL 1/2CHMB TRNSVNS CVDFB	-	-	4/1/2026	Fee Schedule	$83.25
93650	ICAR CATH ABLTJ AV NODE FUNC	Y	-	1/1/2026	Fee Schedule	$5,943.20
93653	COMPRE EP EVAL TX SVT	Y	-	1/1/2026	Fee Schedule	$19,175.84
93654	COMPRE EP EVAL TX VT	Y	-	1/1/2026	Fee Schedule	$19,482.01
93655	ICAR CATH ABLTJ DSCRT ARRHYT	-	-	1/1/2026	No Separate Payment	$0.00
93656	COMPRE EP EVAL ABLTJ ATR FIB	Y	-	1/1/2026	Fee Schedule	$20,255.73
93657	TX L/R ATRIAL FIB ADDL	-	-	1/1/2026	No Separate Payment	$0.00
93724	ELEC ALYS ANTITCHYCAR PM SYS	-	-	4/1/2026	Fee Schedule	$46.32
93985	DUP-SCAN HEMO COMPL BI STD	-	-	1/1/2026	Fee Schedule	$131.48
93986	DUP-SCAN HEMO COMPL UNI STD	-	-	1/1/2026	Fee Schedule	$57.04
95940	IONM IN OPERATNG ROOM 15 MIN	-	-	7/1/2018	No Separate Payment	$0.00
95941	IONM REMOTE/>1 PT OR PER HR	-	-	7/1/2018	No Separate Payment	$0.00
95980	IO ANAL GAST N-STIM INIT	-	-	1/1/2026	Not Allowed	$0.00
97007	MCHNL SCLP COOL MEAS FITG	-	-	1/1/2026	Not Allowed	$0.00
97008	MCHNL SCLP COOL PREP PLMT	-	-	1/1/2026	Not Allowed	$0.00
97009	MCHNL SCLP COOL AFTER CHEMO	-	-	1/1/2026	Not Allowed	$0.00
98979	RTM TX MGMT 1ST 10 MIN	-	-	1/1/2026	Not Allowed	$0.00
98984	RTM DEV SPLY RESP SYS 2-15 D	-	-	1/1/2026	Not Allowed	$0.00
98985	RTM DEV SPLY MSCSK SYS 2-15D	-	-	1/1/2026	Not Allowed	$0.00
98986	RTM DEV SPLY CBT 2-15 D	-	-	1/1/2026	Not Allowed	$0.00
99445	REM MNTR PHYSIOL PARAM 2-15	-	-	1/1/2026	Not Allowed	$0.00
99470	RPM TX MGMT 1ST 10 MIN	-	-	1/1/2026	Not Allowed	$0.00
A2001	INNOVAMATRIX AC, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2002	MIRRAGEN ADV WND MAT PER SQ	-	-	1/1/2026	Fee Schedule	$127.14
A2004	XCELLISTEM, 1 MG	-	-	4/1/2022	No Separate Payment	$0.00
A2005	MICROLYTE MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2006	NOVOSORB SYNPATH PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2007	RESTRATA, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2008	THERAGENESIS, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2009	SYMPHONY, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2010	APIS, PER SQUARE CENTIMETER	-	-	1/1/2026	Fee Schedule	$127.14
A2011	SUPRA SDRM, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2012	SUPRATHEL, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2013	INNOVAMATRIX FS, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2014	OMEZA COLLAG PER 100 MG	-	-	10/1/2022	No Separate Payment	$0.00
A2015	PHOENIX WND MTRX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2016	PERMEADERM B, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2017	PERMEADERM GLOVE, EACH	-	-	10/1/2022	No Separate Payment	$0.00
A2018	PERMEADERM C, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2019	KERECIS MARIGEN SHLD SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2020	AC5 WOUND SYSTEM	-	-	4/1/2023	No Separate Payment	$0.00
A2021	NEOMATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14

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A2022	INNOVABRN/INNOVAMATX XL SQCM	-	-	1/1/2026	Fee Schedule	$127.14
A2023	INNOVAMATRIX PD, 1 MG	-	-	10/1/2023	No Separate Payment	$0.00
A2024	RESOLVE OR XENOPATCH SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2025	MIRO3D PER CUBIC CM	-	-	1/1/2026	Fee Schedule	$127.14
A2026	RESTRATA MINIMATRIX, 5 MG	-	-	1/1/2025	No Separate Payment	$0.00
A2027	MATRIDERM PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2028	MICROMATRIX FLEX PER MG	-	-	1/1/2025	No Separate Payment	$0.00
A2029	MIROTRACT MATRIX SHEET	-	-	1/1/2026	Fee Schedule	$127.14
A2030	MIRO3D FIBERS, PER MG	-	-	1/1/2026	Not Allowed	$0.00
A2031	MIRODRY, PER SQ CM	-	-	4/1/2026	Fee Schedule	$127.14
A2032	MYRIAD MATRIX, PER SQ CM	-	-	7/1/2026	Fee Schedule	$127.14
A2033	MYRIAD MORCELLS, 4 MG	-	-	7/1/2026	No Separate Payment	$0.00
A2034	FOUND DRS SOLO, PER SQ CM	-	-	7/1/2026	Fee Schedule	$127.14
A2035	CORPL P THERAC P ALLAC P MG	-	-	7/1/2026	No Separate Payment	$0.00
A2036	COHEALYX COL DML MX PR SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2037	G4DERM PLUS, PER ML	-	-	10/1/2025	No Separate Payment	$0.00
A2038	MARIGEN PACTO, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2039	INNOVAMATRIX FD, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
A2040	MICROLYTE PAINGUARD PR SQ CM	-	-	10/1/2026	Not Allowed	$127.14
A2041	FOUNDATION DRS+ DUO PR SQ CM	-	-	10/1/2026	Not Allowed	$127.14
A2042	FOUNDATION DRS+ SOLO, SQ CM	-	-	10/1/2026	Not Allowed	$127.14
A2043	BIOBRANE, PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
A2044	BIOBRANE GLOVE, EACH	-	-	10/1/2026	Not Allowed	$0.00
A2045	NOVASHIELD/NOVOGEN PR SQ CM	-	-	10/1/2026	Not Allowed	$127.14
A2046	DERMISPHERE HDRT, PER SQ CM	-	-	10/1/2026	Not Allowed	$0.00
A2047	LACERTAMATRIX, PER SQ CM	-	-	10/1/2026	Not Allowed	$0.00
A2048	PURAPLY MZ, PER MG	-	-	10/1/2026	Not Allowed	$0.00
A2049	THERACOR, PER SQ CM	-	-	10/1/2026	Not Allowed	$0.00
A2050	FIBRILLAR COLLAGEN, PER MG	-	-	10/1/2026	Not Allowed	$0.00
A4100	SKIN SUB FDA CLRD AS DEV NOS	-	-	4/1/2022	No Separate Payment	$0.00
A4216	STERILE WATER/SALINE, 10 ML	-	-	7/1/2018	No Separate Payment	$0.00
A4217	STERILE WATER/SALINE, 500 ML	-	-	7/1/2018	No Separate Payment	$0.00
A4218	STERILE SALINE OR WATER	-	-	7/1/2018	No Separate Payment	$0.00
A4220	INFUSION PUMP REFILL KIT	-	-	7/1/2018	No Separate Payment	$0.00
A4228	DEV-DRUG COMBO CATH SUPPLIES	-	-	10/1/2026	Not Allowed	$0.00
A4244	ALCOHOL OR PEROXIDE PER PINT	-	-	7/1/2018	No Separate Payment	$0.00
A4245	ALCOHOL WIPES PER BOX	-	-	7/1/2018	No Separate Payment	$0.00
A4246	BETADINE/PHISOHEX SOLUTION	-	-	7/1/2018	No Separate Payment	$0.00
A4247	BETADINE/IODINE SWABS/WIPES	-	-	7/1/2018	No Separate Payment	$0.00
A4248	CHLORHEXIDINE ANTISEPT	-	-	7/1/2018	No Separate Payment	$0.00
A4262	TEMPORARY TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	$0.00
A4263	PERMANENT TEAR DUCT PLUG	-	-	7/1/2018	No Separate Payment	$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH	-	-	7/1/2018	No Separate Payment	$0.00
A4295	STRAIGH TIP HYDROPHILIC CATH	-	-	1/1/2026	Not Allowed	$0.00
A4296	COUDE TIP HYDROPHILIC CATH	-	-	1/1/2026	Not Allowed	$0.00
A4297	HYDROPHILIC COAT INSERT SUP	-	-	1/1/2026	Not Allowed	$0.00
A4300	CATH IMPL VASC ACCESS PORTAL	-	-	7/1/2018	No Separate Payment	$0.00
A4301	IMPLANTABLE ACCESS SYST PERC	-	-	7/1/2018	No Separate Payment	$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML	-	-	7/1/2018	No Separate Payment	$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML	-	-	7/1/2018	No Separate Payment	$0.00
A4318	FEM URINARY CUP W/WO ATTCH	-	-	10/1/2026	Not Allowed	$0.00
A4344	CATH INDW FOLEY 2 WAY SILICN	-	-	10/1/2023	No Separate Payment	$0.00
A4459	TRANSANAL IRRIGATION, MANUAL	-	-	10/1/2026	Not Allowed	$0.00
A4479	TRANSANAL IRRIGATION, ELECTR	-	-	10/1/2026	Not Allowed	$0.00

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A4641	RADIOPHARM DX AGENT NOC	-	-	7/1/2018	No Separate Payment	$0.00
A4642	IN111 SATUMOMAB	-	-	7/1/2018	No Separate Payment	$0.00
A4650	IMPLANT RADIATION DOSIMETER	-	-	7/1/2018	No Separate Payment	$0.00
A6548	ACCES CUST GRAD SILIC BAND	-	-	10/1/2026	Not Allowed	$0.00
A6614	SUP EXT OCULR NEG PRES PUMP	-	-	10/1/2026	Not Allowed	$0.00
A8005	GRIP GLOVE W MICROPROCESSOR	-	-	10/1/2026	Not Allowed	$0.00
A8006	GRIP GLOVE REPLACEMENT ONLY	-	-	10/1/2026	Not Allowed	$0.00
A9156	ORAL MUCOADHESIVE PER 1 ML	-	-	10/1/2023	No Separate Payment	$0.00
A9294	BIOFEED DIG COG BEHAV TX FDA	-	-	10/1/2026	Not Allowed	$0.00
A9500	TC99M SESTAMIBI	-	-	7/1/2018	No Separate Payment	$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME	-	-	7/1/2018	No Separate Payment	$0.00
A9502	TC99M TETROFOSMIN	-	-	7/1/2018	No Separate Payment	$0.00
A9503	TC99M MEDRONATE	-	-	7/1/2018	No Separate Payment	$0.00
A9504	TC99M APCITIDE	-	-	7/1/2018	No Separate Payment	$0.00
A9505	TL201 THALLIUM	-	-	7/1/2018	No Separate Payment	$0.00
A9506	TC-99M GRAPHITE CRUCIBLE	-	-	7/1/2024	Fee Schedule	$328.60
A9507	IN111 CAPROMAB	-	-	1/1/2026	Fee Schedule	$1,730.29
A9508	I131 IODOBENGUATE, DX	-	-	1/1/2026	Fee Schedule	$953.01
A9509	IODINE I-123 SOD IODIDE MIL	-	-	7/1/2018	No Separate Payment	$0.00
A9510	TC99M DISOFENIN	-	-	7/1/2018	No Separate Payment	$0.00
A9512	TC99M PERTECHNETATE	-	-	7/1/2018	No Separate Payment	$0.00
A9513	LUTETIUM LU 177 DOTATAT THER	-	-	10/1/2026	Fee Schedule	$350.85
A9515	CHOLINE C-11	-	-	1/1/2026	Fee Schedule	$2,516.43
A9516	IODINE I-123 SOD IODIDE MIC	-	-	7/1/2018	No Separate Payment	$0.00
A9517	I131 IODIDE CAP, RX	-	-	1/1/2026	Fee Schedule	$24.07
A9520	TC99 TILMANOCEPT DIAG 0.5MCI	-	-	7/1/2018	No Separate Payment	$0.00
A9521	TC99M EXAMETAZIME	-	-	1/1/2026	Fee Schedule	$927.71
A9524	I131 SERUM ALBUMIN, DX	-	-	7/1/2018	No Separate Payment	$0.00
A9526	NITROGEN N-13 AMMONIA	-	-	7/1/2018	No Separate Payment	$0.00
A9527	IODINE I-125 SODIUM IODIDE	-	-	1/1/2026	Fee Schedule	$396.32
A9528	IODINE I-131 IODIDE CAP, DX	-	-	7/1/2018	No Separate Payment	$0.00
A9529	I131 IODIDE SOL, DX	-	-	7/1/2018	No Separate Payment	$0.00
A9530	I131 IODIDE SOL, RX	-	-	1/1/2026	Fee Schedule	$20.77
A9531	I131 MAX 100UCI	-	-	7/1/2018	No Separate Payment	$0.00
A9532	I125 SERUM ALBUMIN, DX	-	-	1/1/2026	Fee Schedule	$469.06
A9536	TC99M DEPREOTIDE	-	-	7/1/2018	No Separate Payment	$0.00
A9537	TC99M MEBROFENIN	-	-	7/1/2018	No Separate Payment	$0.00
A9538	TC99M PYROPHOSPHATE	-	-	7/1/2018	No Separate Payment	$0.00
A9539	TC99M PENTETATE	-	-	7/1/2018	No Separate Payment	$0.00
A9540	TC99M MAA	-	-	7/1/2018	No Separate Payment	$0.00
A9541	TC99M SULFUR COLLOID	-	-	7/1/2018	No Separate Payment	$0.00
A9542	IN111 IBRITUMOMAB, DX	-	-	1/1/2026	No Separate Payment	$0.00
A9543	Y90 IBRITUMOMAB, RX	-	-	10/1/2026	Fee Schedule	$74,750.12
A9546	CO57/58	-	-	7/1/2018	No Separate Payment	$0.00
A9547	IN111 OXYQUINOLINE	-	-	1/1/2026	Fee Schedule	$831.46
A9548	IN111 PENTETATE	-	-	1/1/2026	Fee Schedule	$745.62
A9550	TC99M GLUCEPTATE	-	-	7/1/2018	No Separate Payment	$0.00
A9551	TC99M SUCCIMER	-	-	1/1/2026	Fee Schedule	$659.93
A9552	F18 FDG	-	-	7/1/2018	No Separate Payment	$0.00
A9553	CR51 CHROMATE	-	-	1/1/2026	Fee Schedule	$1,917.96
A9554	I125 IOTHALAMATE, DX	-	-	1/1/2026	Fee Schedule	$649.64
A9555	RB82 RUBIDIUM	-	-	7/1/2018	No Separate Payment	$0.00
A9556	GA67 GALLIUM	-	-	7/1/2018	No Separate Payment	$0.00
A9557	TC99M BICISATE	-	-	1/1/2026	Fee Schedule	$775.52

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A9558	XE133 XENON 10MCI	-	-	7/1/2018	No Separate Payment	$0.00
A9559	CO57 CYANO	-	-	7/1/2018	No Separate Payment	$0.00
A9560	TC99M LABELED RBC	-	-	7/1/2018	No Separate Payment	$0.00
A9561	TC99M OXIDRONATE	-	-	7/1/2018	No Separate Payment	$0.00
A9562	TC99M MERTIATIDE	-	-	7/1/2018	No Separate Payment	$0.00
A9563	P32 NA PHOSPHATE	-	-	1/1/2026	Fee Schedule	$278.24
A9566	TC99M FANOLESOMAB	-	-	7/1/2018	No Separate Payment	$0.00
A9567	TECHNETIUM TC-99M AEROSOL	-	-	7/1/2018	No Separate Payment	$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB	-	-	1/1/2025	Fee Schedule	$809.51
A9569	TECHNETIUM TC-99M AUTO WBC	-	-	1/1/2026	Fee Schedule	$934.13
A9570	INDIUM IN-111 AUTO WBC	-	-	1/1/2026	Fee Schedule	$1,103.19
A9571	INDIUM IN-111 AUTO PLATELET	-	-	7/1/2018	No Separate Payment	$0.00
A9572	INDIUM IN-111 PENTETREOTIDE	-	-	1/1/2026	Fee Schedule	$2,000.94
A9573	INJ, GADOPICLENOL, 1 ML	-	-	10/1/2023	No Separate Payment	$0.00
A9574	INJ. FERUMOXYTOL, 1 MG	-	-	10/1/2026	Fee Schedule	$0.42
A9575	INJ GADOTERATE MEGLUMI 0.1ML	-	-	7/1/2018	No Separate Payment	$0.00
A9576	INJ PROHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	$0.00
A9577	INJ MULTIHANCE	-	-	7/1/2018	No Separate Payment	$0.00
A9578	INJ MULTIHANCE MULTIPACK	-	-	7/1/2018	No Separate Payment	$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML	-	-	7/1/2018	No Separate Payment	$0.00
A9580	SODIUM FLUORIDE F-18	-	-	7/1/2018	No Separate Payment	$0.00
A9581	GADOXETATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	$0.00
A9582	IODINE I-123 IOBENGUANE	-	-	1/1/2026	Fee Schedule	$2,317.50
A9583	GADOFOSVESET TRISODIUM INJ	-	-	7/1/2018	No Separate Payment	$0.00
A9584	IODINE I-123 IOFLUPANE	-	-	1/1/2026	Fee Schedule	$1,387.74
A9585	GADOBUTROL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
A9586	FLORBETAPIR F18	-	-	1/1/2026	Fee Schedule	$1,825.64
A9587	GALLIUM GA-68	-	-	1/1/2026	Fee Schedule	$49.63
A9588	FLUCICLOVINE F-18	-	-	1/1/2026	Fee Schedule	$322.27
A9589	INSTI HEXAMINOLEVULINATE HCL	-	-	1/1/2025	No Separate Payment	$0.00
A9590	IODINE I-131 IOBENGUANE 1MCI	-	-	1/1/2025	No Separate Payment	$0.00
A9591	FLUOROESTRADIOL F 18	-	-	1/1/2026	Fee Schedule	$460.42
A9592	COPPER CU 64 DOTATATE DIAG	-	-	1/1/2026	Fee Schedule	$594.28
A9593	GALLIUM GA-68 PSMA-11 UCSF	-	-	1/1/2026	Fee Schedule	$550.13
A9594	GALLIUM GA-68 PSMA-11, UCLA	-	-	1/1/2026	Fee Schedule	$363.50
A9595	PIFLU F-18, DIA 1 MILLICURIE	-	-	1/1/2026	Fee Schedule	$346.49
A9596	GALLIUM ILLUCCIX 1 MILLICURE	-	-	1/1/2026	Fee Schedule	$478.52
A9597	PET, DX, FOR TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	$0.00
A9598	PET DX FOR NON-TUMOR ID, NOC	-	-	7/1/2018	No Separate Payment	$0.00
A9600	SR89 STRONTIUM	-	-	7/1/2025	Fee Schedule	$4,146.34
A9601	FLORTAUCIPIR INJ 1 MILLICURI	-	-	7/1/2026	Fee Schedule	$371.00
A9602	FLUORODOPA F-18 DIAG PER MCI	-	-	1/1/2026	Fee Schedule	$855.55
A9603	INJ, PAFOLACIANINE, 0.1 MG	-	-	10/1/2023	No Separate Payment	$0.00
A9604	SM 153 LEXIDRONAM	-	-	1/1/2026	Fee Schedule	$3,159.80
A9606	RADIUM RA223 DICHLORIDE THER	-	-	10/1/2026	Fee Schedule	$180.42
A9607	LUTETIUM LU 177 VIPIVOTIDE	-	-	10/1/2026	Fee Schedule	$266.54
A9608	FLOTUFOLASTAT F18 DIAG 1 MCI	-	-	10/1/2026	Fee Schedule	$715.02
A9609	F18 FDG, 15 MILLICURIES	-	-	1/1/2024	No Separate Payment	$0.00
A9610	XE129 XENON, DIAGNOSTIC	-	-	1/1/2025	No Separate Payment	$0.00
A9611	FLURPIRIDAZ F18, DIAG, 1 MCI	-	-	10/1/2025	Fee Schedule	$530.00
A9612	INJ, FLUORESCEIN, 1 MG	-	-	1/1/2026	Not Allowed	$0.00
A9613	F 18 PYLARIFY TRUVU, DX 1MCI	-	-	10/1/2026	Not Allowed	$0.00
A9615	INJ, PEGULICIANINE, 1 MG	-	-	7/1/2025	Fee Schedule	$37.51
A9616	GALLIUM GOZELLIX 1 MILLICURI	-	-	7/1/2026	Fee Schedule	$1,171.30

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A9697	INJ, MAGTRACE PER STUDY DOSE	-	-	10/1/2025	Fee Schedule	$1,254.00
A9698	NON-RAD CONTRAST MATERIALNOC	-	-	1/1/2024	No Separate Payment	$0.00
A9700	ECHOCARDIOGRAPHY CONTRAST	-	-	1/1/2024	No Separate Payment	$0.00
A9800	GALLIUM LOCAMETZ 1 MILLICURI	-	-	1/1/2026	Fee Schedule	$362.50
C1052	HEMOSTATIC AGENT, GI, TOPIC	-	-	1/1/2024	No Separate Payment	$0.00
C1062	INTRAVERTEBRAL FX AUG IMPL	-	-	1/1/2024	No Separate Payment	$0.00
C1600	CATH, BLADED, VASC PREP	-	-	1/1/2024	No Separate Payment	$0.00
C1601	ENDO, SINGLE, PULMONARY	-	-	1/1/2024	No Separate Payment	$0.00
C1602	ORTH/MATRX/BN FILL DRUG-ELUT	-	-	1/1/2024	No Separate Payment	$0.00
C1603	RET DEV, LASER, IVC FILTER	-	-	1/1/2024	No Separate Payment	$0.00
C1604	GRFT, TRNSMURL/TRNSVENS BYPS	-	-	1/1/2024	No Separate Payment	$0.00
C1605	PMKR, DUAL, LEADLESS	-	-	7/1/2024	No Separate Payment	$0.00
C1606	ADAPTER, US TO ENDOSCOPE	-	-	7/1/2024	No Separate Payment	$0.00
C1607	NEUROSTIM INTEG RECHG	-	-	1/1/2026	No Separate Payment	$0.00
C1608	PROSTHESIS, DUAL MOB CMC1	-	-	1/1/2026	No Separate Payment	$0.00
C1609	VERT DEV MOTION-PRESERV	-	-	7/1/2026	No Separate Payment	$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN	-	-	7/1/2018	No Separate Payment	$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR	-	-	7/1/2018	No Separate Payment	$0.00
C1715	BRACHYTHERAPY NEEDLE	-	-	7/1/2018	No Separate Payment	$0.00
C1716	BRACHYTX, NON-STR, GOLD-198	-	-	1/1/2026	Fee Schedule	$513.57
C1717	BRACHYTX, NON-STR,HDR IR-192	-	-	1/1/2026	Fee Schedule	$357.49
C1719	BRACHYTX, NS, NON-HDRIR-192	-	-	1/1/2026	Fee Schedule	$908.70
C1721	AICD, DUAL CHAMBER	-	-	7/1/2018	No Separate Payment	$0.00
C1722	AICD, SINGLE CHAMBER	-	-	7/1/2018	No Separate Payment	$0.00
C1724	CATH, TRANS ATHEREC,ROTATION	-	-	7/1/2018	No Separate Payment	$0.00
C1725	CATH, TRANSLUMIN NON-LASER	-	-	1/1/2024	No Separate Payment	$0.00
C1726	CATH, BAL DIL, NON-VASCULAR	-	-	1/1/2024	No Separate Payment	$0.00
C1727	CATH, BAL TIS DIS, NON-VAS	-	-	1/1/2024	No Separate Payment	$0.00
C1728	CATH, BRACHYTX SEED ADM	-	-	7/1/2018	No Separate Payment	$0.00
C1729	CATH, DRAINAGE	-	-	7/1/2018	No Separate Payment	$0.00
C1730	CATH, EP, 19 OR FEW ELECT	-	-	7/1/2018	No Separate Payment	$0.00
C1731	CATH, EP, 20 OR MORE ELEC	-	-	7/1/2018	No Separate Payment	$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT	-	-	7/1/2018	No Separate Payment	$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP	-	-	7/1/2018	No Separate Payment	$0.00
C1734	ORTH/DEVIC/DRUG BN/BN,TIS/BN	-	-	1/1/2024	No Separate Payment	$0.00
C1735	CATH RENAL DENERV RADIOFREQ	-	-	1/1/2025	No Separate Payment	$0.00
C1736	CATH RENAL DENERV ULTRASND	-	-	1/1/2025	No Separate Payment	$0.00
C1737	SI&PELVIS FUSN&FIXN DEV	-	-	1/1/2025	No Separate Payment	$0.00
C1738	POWER ENDO US-GUID BX DEV	-	-	1/1/2025	No Separate Payment	$0.00
C1739	MARKER UNIQ DETECT W/PRBE	-	-	1/1/2025	No Separate Payment	$0.00
C1740	LT VENT PACING SYST, SEQUEN	-	-	1/1/2026	Not Allowed	$0.00
C1741	ANCHOR/SCREW BONE ABSORB	-	-	10/1/2025	No Separate Payment	$0.00
C1742	PRESSURE SENS SYST, CONT IM	-	-	10/1/2025	No Separate Payment	$0.00
C1743	SCAFLD ENDOVAS RESRB DRG ELU	-	-	10/1/2026	Not Allowed	$0.00
C1747	ENDO, SINGLE, URINARY TRACT	-	-	1/1/2023	No Separate Payment	$0.00
C1748	ENDOSCOPE, SINGLE, UGI	-	-	10/1/2020	No Separate Payment	$0.00
C1749	ENDO, COLON, RETRO IMAGING	-	-	7/1/2018	No Separate Payment	$0.00
C1750	CATH, HEMODIALYSIS,LONG-TERM	-	-	7/1/2018	No Separate Payment	$0.00
C1751	CATH, INF, PER/CENT/MIDLINE	-	-	7/1/2018	No Separate Payment	$0.00
C1752	CATH,HEMODIALYSIS,SHORT-TERM	-	-	7/1/2018	No Separate Payment	$0.00
C1753	CATH, INTRAVAS ULTRASOUND	-	-	7/1/2018	No Separate Payment	$0.00
C1754	CATHETER, INTRADISCAL	-	-	7/1/2018	No Separate Payment	$0.00
C1755	CATHETER, INTRASPINAL	-	-	7/1/2018	No Separate Payment	$0.00
C1756	CATH, PACING, TRANSESOPH	-	-	7/1/2018	No Separate Payment	$0.00

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C1757	CATH, THROMBECTOMY/EMBOLECT	-	-	7/1/2018	No Separate Payment	$0.00
C1758	CATHETER, URETERAL	-	-	7/1/2018	No Separate Payment	$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY	-	-	7/1/2018	No Separate Payment	$0.00
C1760	CLOSURE DEV, VASC	-	-	7/1/2018	No Separate Payment	$0.00
C1761	CATH, TRANS INTRA LITHO/CORO	-	-	7/1/2021	No Separate Payment	$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)	-	-	7/1/2018	No Separate Payment	$0.00
C1763	CONN TISS, NON-HUMAN	-	-	7/1/2018	No Separate Payment	$0.00
C1764	EVENT RECORDER, CARDIAC	-	-	7/1/2018	No Separate Payment	$0.00
C1765	ADHESION BARRIER	-	-	7/1/2018	No Separate Payment	$0.00
C1766	INTRO/SHEATH,STRBLE,NON-PEEL	-	-	7/1/2018	No Separate Payment	$0.00
C1767	GENERATOR, NEURO NON-RECHARG	-	-	7/1/2018	No Separate Payment	$0.00
C1768	GRAFT, VASCULAR	-	-	7/1/2018	No Separate Payment	$0.00
C1769	GUIDE WIRE	-	-	7/1/2018	No Separate Payment	$0.00
C1770	IMAGING COIL, MR, INSERTABLE	-	-	7/1/2018	No Separate Payment	$0.00
C1771	REP DEV, URINARY, W/SLING	-	-	7/1/2018	No Separate Payment	$0.00
C1772	INFUSION PUMP, PROGRAMMABLE	-	-	7/1/2018	No Separate Payment	$0.00
C1773	RET DEV, INSERTABLE	-	-	7/1/2018	No Separate Payment	$0.00
C1776	JOINT DEVICE (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL	-	-	7/1/2018	No Separate Payment	$0.00
C1778	LEAD, NEUROSTIMULATOR	-	-	7/1/2018	No Separate Payment	$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD	-	-	7/1/2018	No Separate Payment	$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)	-	-	7/1/2018	No Separate Payment	$0.00
C1781	MESH (IMPLANTABLE)	-	-	7/1/2018	No Separate Payment	$0.00
C1782	MORCELLATOR	-	-	7/1/2018	No Separate Payment	$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE	-	-	7/1/2018	No Separate Payment	$0.00
C1784	OCULAR DEV, INTRAOP, DET RET	-	-	7/1/2018	No Separate Payment	$0.00
C1785	PMKR, DUAL, RATE-RESP	-	-	7/1/2018	No Separate Payment	$0.00
C1786	PMKR, SINGLE, RATE-RESP	-	-	7/1/2018	No Separate Payment	$0.00
C1787	PATIENT PROGR, NEUROSTIM	-	-	7/1/2018	No Separate Payment	$0.00
C1788	PORT, INDWELLING, IMP	-	-	7/1/2018	No Separate Payment	$0.00
C1789	PROSTHESIS, BREAST, IMP	-	-	7/1/2018	No Separate Payment	$0.00
C1813	PROSTHESIS, PENILE, INFLATAB	-	-	7/1/2018	Not Allowed	$0.00
C1814	RETINAL TAMP, SILICONE OIL	-	-	7/1/2018	No Separate Payment	$0.00
C1815	PROS, URINARY SPH, IMP	-	-	7/1/2018	No Separate Payment	$0.00
C1816	RECEIVER/TRANSMITTER, NEURO	-	-	7/1/2018	No Separate Payment	$0.00
C1817	SEPTAL DEFECT IMP SYS	-	-	7/1/2018	No Separate Payment	$0.00
C1818	INTEGRATED KERATOPROSTHESIS	-	-	7/1/2018	No Separate Payment	$0.00
C1819	TISSUE LOCALIZATION-EXCISION	-	-	7/1/2018	No Separate Payment	$0.00
C1820	GENERATOR NEURO RECHG BAT SY	-	-	7/1/2018	No Separate Payment	$0.00
C1821	INTERSPINOUS IMPLANT	-	-	7/1/2018	No Separate Payment	$0.00
C1822	GEN, NEURO, HF, RECHG BAT	-	-	7/1/2018	No Separate Payment	$0.00
C1823	GEN, NEURO, TRANS SEN/STIM	-	-	1/1/2019	No Separate Payment	$0.00
C1824	GENERATOR, CCM, IMPLANT	-	-	1/1/2024	No Separate Payment	$0.00
C1825	GEN, NEURO, CAROT SINUS BARO	-	-	1/1/2024	No Separate Payment	$0.00
C1826	GEN, NEURO, CLO LOOP, RECHG	-	-	1/1/2023	No Separate Payment	$0.00
C1827	GEN, NEURO, IMP LED, EX CNTR	-	-	1/1/2023	No Separate Payment	$0.00
C1830	POWER BONE MARROW BX NEEDLE	-	-	7/1/2018	No Separate Payment	$0.00
C1831	PERSONALIZED INTERBODY CAGE	-	-	10/1/2021	No Separate Payment	$0.00
C1832	AUTO CELL PROCESS SYS	-	-	1/1/2025	No Separate Payment	$0.00
C1833	CARDIAC MONITOR SYS	-	-	1/1/2025	No Separate Payment	$0.00
C1839	IRIS PROSTHESIS	-	-	1/1/2024	No Separate Payment	$0.00
C1840	TELESCOPIC INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	$0.00
C1874	STENT, COATED/COV W/DEL SYS	-	-	7/1/2018	No Separate Payment	$0.00
C1875	STENT, COATED/COV W/O DEL SY	-	-	7/1/2018	No Separate Payment	$0.00

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C1876	STENT, NON-COA/NON-COV W/DEL	-	-	7/1/2018	No Separate Payment	$0.00
C1877	STENT, NON-COAT/COV W/O DEL	-	-	7/1/2018	No Separate Payment	$0.00
C1878	MATRL FOR VOCAL CORD	-	-	7/1/2018	No Separate Payment	$0.00
C1880	VENA CAVA FILTER	-	-	7/1/2018	No Separate Payment	$0.00
C1881	DIALYSIS ACCESS SYSTEM	-	-	7/1/2018	No Separate Payment	$0.00
C1882	AICD, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD	-	-	7/1/2018	No Separate Payment	$0.00
C1884	EMBOLIZATION PROTECT SYST	-	-	7/1/2018	No Separate Payment	$0.00
C1885	CATH, TRANSLUMIN ANGIO LASER	-	-	7/1/2018	No Separate Payment	$0.00
C1886	CATHETER, ABLATION	-	-	7/1/2018	No Separate Payment	$0.00
C1887	CATHETER, GUIDING	-	-	7/1/2018	No Separate Payment	$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH	-	-	7/1/2018	No Separate Payment	$0.00
C1889	IMPLANT/INSERT DEVICE, NOC	-	-	7/1/2018	No Separate Payment	$0.00
C1890	NO DEVICE W/DEV-INTENSIVE PX	-	-	1/1/2019	No Separate Payment	$0.00
C1891	INFUSION PUMP,NON-PROG, PERM	-	-	7/1/2018	No Separate Payment	$0.00
C1892	INTRO/SHEATH,FIXED,PEEL-AWAY	-	-	7/1/2018	No Separate Payment	$0.00
C1893	INTRO/SHEATH, FIXED,NON-PEEL	-	-	7/1/2018	No Separate Payment	$0.00
C1894	INTRO/SHEATH, NON-LASER	-	-	7/1/2018	No Separate Payment	$0.00
C1895	LEAD, AICD, ENDO DUAL COIL	-	-	7/1/2018	No Separate Payment	$0.00
C1896	LEAD, AICD, NON SING/DUAL	-	-	7/1/2018	No Separate Payment	$0.00
C1897	LEAD, NEUROSTIM TEST KIT	-	-	7/1/2018	No Separate Payment	$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS	-	-	7/1/2018	No Separate Payment	$0.00
C1899	LEAD, PMKR/AICD COMBINATION	-	-	7/1/2018	No Separate Payment	$0.00
C1900	LEAD, CORONARY VENOUS	-	-	7/1/2018	No Separate Payment	$0.00
C1982	CATH, PRESSURE,VALVE-OCCLU	-	-	1/1/2024	No Separate Payment	$0.00
C2596	PROBE, ROBOTIC, WATER-JET	-	-	1/1/2024	No Separate Payment	$0.00
C2613	LUNG BX PLUG W/DEL SYS	-	-	7/1/2018	No Separate Payment	$0.00
C2614	PROBE, PERC LUMB DISC	-	-	7/1/2018	No Separate Payment	$0.00
C2615	SEALANT, PULMONARY, LIQUID	-	-	7/1/2018	No Separate Payment	$0.00
C2616	BRACHYTX, NON-STR,YTTRIUM-90	-	-	1/1/2026	Fee Schedule	$17,771.01
C2617	STENT, NON-COR, TEM W/O DEL	-	-	7/1/2018	No Separate Payment	$0.00
C2618	PROBE/NEEDLE, CRYO	-	-	7/1/2018	No Separate Payment	$0.00
C2619	PMKR, DUAL, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	$0.00
C2620	PMKR, SINGLE, NON RATE-RESP	-	-	7/1/2018	No Separate Payment	$0.00
C2621	PMKR, OTHER THAN SING/DUAL	-	-	7/1/2018	No Separate Payment	$0.00
C2622	PROSTHESIS, PENILE, NON-INF	-	-	7/1/2018	Not Allowed	$0.00
C2623	CATH, TRANSLUMIN, DRUG-COAT	-	-	7/1/2018	No Separate Payment	$0.00
C2624	WIRELESS PRESSURE SENSOR	-	-	1/1/2024	No Separate Payment	$0.00
C2625	STENT, NON-COR, TEM W/DEL SY	-	-	7/1/2018	No Separate Payment	$0.00
C2626	INFUSION PUMP, NON-PROG,TEMP	-	-	7/1/2018	No Separate Payment	$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC	-	-	7/1/2018	No Separate Payment	$0.00
C2628	CATHETER, OCCLUSION	-	-	7/1/2018	No Separate Payment	$0.00
C2629	INTRO/SHEATH, LASER	-	-	7/1/2018	No Separate Payment	$0.00
C2630	CATH, EP, COOL-TIP	-	-	7/1/2018	No Separate Payment	$0.00
C2631	REP DEV, URINARY, W/O SLING	-	-	7/1/2018	No Separate Payment	$0.00
C2634	BRACHYTX, NON-STR, HA, I-125	-	-	1/1/2026	Fee Schedule	$174.06
C2635	BRACHYTX, NON-STR, HA, P-103	-	-	1/1/2026	Fee Schedule	$106.75
C2636	BRACHY LINEAR, NON-STR,P-103	-	-	1/1/2026	Fee Schedule	$89.40
C2638	BRACHYTX, STRANDED, I-125	-	-	1/1/2026	Fee Schedule	$35.26
C2639	BRACHYTX, NON-STRANDED,I-125	-	-	1/1/2026	Fee Schedule	$36.64
C2640	BRACHYTX, STRANDED, P-103	-	-	1/1/2026	Fee Schedule	$88.26
C2641	BRACHYTX, NON-STRANDED,P-103	-	-	1/1/2026	Fee Schedule	$64.48
C2642	BRACHYTX, STRANDED, C-131	-	-	1/1/2026	Fee Schedule	$119.11
C2643	BRACHYTX, NON-STRANDED,C-131	-	-	1/1/2026	Fee Schedule	$99.80

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C2644	BRACHYTX CESIUM-131 CHLORIDE	-	-	1/1/2024	Not Allowed	$0.00
C2645	BRACHYTX PLANAR, P-103	-	-	1/1/2024	Fee Schedule	$4.69
C2698	BRACHYTX, STRANDED, NOS	-	-	1/1/2026	Fee Schedule	$35.26
C2699	BRACHYTX, NON-STRANDED, NOS	-	-	1/1/2026	Fee Schedule	$36.64
C7500	DEB BONE 20 CM2 W/DRUG DEV	Y	-	1/1/2025	Fee Schedule	$1,201.90
C7501	PERC BX BREAST LESIONS STERO	Y	-	1/1/2025	Fee Schedule	$1,201.90
C7502	PERC BX BREAST LESIONS MR	Y	-	1/1/2026	Fee Schedule	$1,248.36
C7503	OPEN EXC CERV NODE(S) W/ ID	Y	-	1/1/2026	Fee Schedule	$2,848.20
C7504	PERQ CVT&LS INJ VERT BODIES	Y	-	1/1/2026	Fee Schedule	$3,695.53
C7505	PERQ LS&CVT INJ VERT BODIES	Y	-	1/1/2026	Fee Schedule	$3,695.53
C7506	FUSION OF FINGER JOINTS	Y	-	1/1/2026	Fee Schedule	$3,695.53
C7507	PERQ THOR&LUMB VERT AUG	Y	-	1/1/2026	Fee Schedule	$6,804.43
C7508	PERQ LUMB&THOR VERT AUG	Y	-	1/1/2026	Fee Schedule	$6,804.43
C7509	DX BRONCH W/ NAVIGATION	Y	-	1/1/2026	Fee Schedule	$1,696.42
C7510	BRONCH/LAVAG W/ NAVIGATION	Y	-	1/1/2026	Fee Schedule	$1,696.42
C7511	BRONCH/BPSY(S) W/ NAVIGATION	Y	-	1/1/2026	Fee Schedule	$1,696.42
C7512	BRONCH/BPSY(S) W/ EBUS	Y	-	1/1/2026	Fee Schedule	$1,696.42
C7513	CATH/ANGIO DIALCIR W/APLASTY	Y	-	1/1/2026	Fee Schedule	$1,623.69
C7514	CATH/ANGIO DIAL CIR W/STENTS	Y	-	1/1/2026	Fee Schedule	$1,623.69
C7515	CATH/ANGIO DIAL CIR W/EMBOL	Y	-	1/1/2026	Fee Schedule	$1,623.69
C7516	COR ANGIO W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7517	COR ANGIO W/ILIC/FEM ANGIO	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7518	COR/GFT ANGIO W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7519	COR/GFT ANGIO W/ FLOW RESRV	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7520	COR/GFT ANGIO W/ILIC/FEM ANG	-	-	4/1/2024	Fee Schedule	$2,525.79
C7521	R HRT ANGIO W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7522	R HRT ANGIO W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7523	L HRT ANGIO W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7524	L HRT ANGIO W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7525	L HRT GFT ANG W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7526	L HRT GFT ANG W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7527	R&L HRT ANGIO W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7528	R&L HRT ANGIO W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7529	R&L HRT GFT ANG W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7530	CATH/APLASTY DIAL CIR W/STNT	-	-	4/1/2024	Fee Schedule	$4,846.92
C7531	ANGIO FEM/POP W/ US	Y	-	1/1/2025	Fee Schedule	$6,102.28
C7532	ANGIO W/ US NON-CORONARY	Y	-	1/1/2026	Fee Schedule	$6,308.81
C7533	PTCA W/ PLCMT BRACHYTX DEV	-	-	4/1/2024	Fee Schedule	$5,731.64
C7535	FEM/POP REVASC W/STENT & US	Y	-	1/1/2025	Fee Schedule	$10,680.67
C7537	INSRT ATRIL PM W/L VENT LEAD	Y	-	1/1/2026	Fee Schedule	$11,053.67
C7538	INSRT VENT PM W/L VENT LEAD	Y	-	1/1/2026	Fee Schedule	$11,334.06
C7539	INSRT A & V PM W/L VENT LEAD	Y	-	1/1/2026	Fee Schedule	$11,508.47
C7540	RMV&RPLC PM DUL W/L VNT LEAD	Y	-	1/1/2025	Fee Schedule	$11,029.06
C7545	EXCH BIL CATH W/ RMV CALCULI	Y	-	1/1/2026	Fee Schedule	$2,819.48
C7546	REP NPH/URT CATH W/DIL STRIC	Y	-	1/1/2025	Fee Schedule	$1,655.31
C7547	CNVRT NEPH CATH W/ DIL STRIC	Y	-	1/1/2026	Fee Schedule	$1,723.02
C7548	EXCH NEPH CATH W/ DIL STRIC	Y	-	1/1/2025	Fee Schedule	$1,655.31
C7549	CHGE URTR STENT W/ DIL STRIC	Y	-	1/1/2025	Fee Schedule	$1,655.31
C7550	CYSTO W/ BX(S) W/ BLUE LIGHT	Y	-	1/1/2026	Fee Schedule	$1,723.02
C7551	EXC NEUROMA W/ IMPLNT NV END	Y	-	1/1/2026	Fee Schedule	$2,177.48
C7554	CYSTURETH BLU LI CYST FL IMG	Y	-	1/1/2026	Fee Schedule	$1,001.95
C7555	RMVL THYRD W/AUTOTRAN PARATH	Y	-	1/1/2025	Fee Schedule	$4,896.00
C7556	BRONCH LAVAGE W/EBUS	Y	-	1/1/2026	Fee Schedule	$1,696.42
C7557	COR ANGIO/VENT W/FFR	Y	-	4/1/2024	Fee Schedule	$2,525.79

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C7560	ERCP REMOVE FORGN BODY&ENDO	Y	-	1/1/2025	Fee Schedule	$1,875.81
C7562	R&L HRT ANGIO W/FFR & 3D MAP	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7563	TRLUML BALLO ANGIOP ALL ART	Y	-	1/1/2025	Fee Schedule	$5,884.93
C7564	VEIN MECH THROM W/INTRVAS US	Y	-	1/1/2025	Fee Schedule	$10,902.10
C7565	RPR AA HRN < 3 RDC W/ RMVL	Y	-	1/1/2026	Fee Schedule	$2,819.48
C7566	FUSE FINGER JOINTS W/GRAFTS	Y	-	1/1/2026	Fee Schedule	$3,695.53
C7567	BRONCH/NEEDLE BX(S) W/ NAV	Y	-	1/1/2026	Fee Schedule	$2,451.02
C7568	COR ANGIO W/FLOW RESRV	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7569	PTCA W/ IVUS OR OCT	Y	-	1/1/2026	Fee Schedule	$6,541.60
C7570	COR ANGIO W/FFR & 3D MAP	Y	-	1/1/2026	Fee Schedule	$2,727.30
C7571	PCTA W/ COR LITHOTRIP	Y	-	1/1/2026	Fee Schedule	$6,541.60
C8000	SUPRT DEV, A-V FISTULA, IMP	-	-	10/1/2024	No Separate Payment	$0.00
C8002	PREP SKIN CELL SUSP, AUTOMTD	-	-	4/1/2026	Fee Schedule	$3,895.34
C8003	IMP EXTAR KNEE SHCK ABSRB	Y	-	1/1/2026	Fee Schedule	$13,933.19
C8004	SIM ANG W/PRS CATH RAD EMB	Y	-	1/1/2026	Fee Schedule	$7,438.31
C8006	INST PLEU-PERIT SHNT W PUMP	Y	-	1/1/2026	Fee Schedule	$4,263.64
C8007	OPN MPLNT HPGLS NS ARY PS GN	Y	-	4/1/2026	Fee Schedule	$27,562.80
C8008	RV/RPL HPGLS NS INC CNT PG	Y	-	4/1/2026	Fee Schedule	$7,477.20
C8009	RMV HPGLS NS ARY AND PG	Y	-	4/1/2026	Fee Schedule	$2,177.48
C8011	OPN MPLNT HPGLS NS ARY REC	Y	-	4/1/2026	Fee Schedule	$27,562.80
C8012	RV/RPL HPGLS NS ARY REC	Y	-	4/1/2026	Fee Schedule	$7,477.20
C8013	RMV HPLS NS ARY REC	Y	-	4/1/2026	Fee Schedule	$2,177.48
C8014	CYSTO, LITHO, W SUCT SHEATH	Y	-	7/1/2026	Fee Schedule	$3,451.70
C8900	MRA W/CONT, ABD	-	-	1/1/2026	Fee Schedule	$192.55
C8901	MRA W/O CONT, ABD	-	-	1/1/2026	Fee Schedule	$131.48
C8902	MRA W/O FOL W/CONT, ABD	-	-	1/1/2026	Fee Schedule	$192.55
C8903	MRI W/CONT, BREAST, UNI	-	-	1/1/2026	Fee Schedule	$97.27
C8905	MRI W/O FOL W/CONT, BRST, UN	-	-	1/1/2026	Fee Schedule	$192.55
C8906	MRI W/CONT, BREAST, BI	-	-	1/1/2026	Fee Schedule	$192.55
C8908	MRI W/O FOL W/CONT, BREAST,	-	-	1/1/2026	Fee Schedule	$192.55
C8909	MRA W/CONT, CHEST	-	-	1/1/2026	Fee Schedule	$192.55
C8910	MRA W/O CONT, CHEST	-	-	1/1/2026	Fee Schedule	$131.48
C8911	MRA W/O FOL W/CONT, CHEST	-	-	1/1/2026	Fee Schedule	$192.55
C8912	MRA W/CONT, LWR EXT	-	-	1/1/2026	Fee Schedule	$192.55
C8913	MRA W/O CONT, LWR EXT	-	-	1/1/2026	Fee Schedule	$131.48
C8914	MRA W/O FOL W/CONT, LWR EXT	-	-	1/1/2026	Fee Schedule	$192.55
C8918	MRA W/CONT, PELVIS	-	-	1/1/2026	Fee Schedule	$192.55
C8919	MRA W/O CONT, PELVIS	-	-	1/1/2026	Fee Schedule	$131.48
C8920	MRA W/O FOL W/CONT, PELVIS	-	-	1/1/2026	Fee Schedule	$192.55
C8925	2D TEE W OR W/O FOL W/CON,IN	-	-	4/1/2026	Fee Schedule	$437.12
C8926	TEE W OR W/O FOL W/CONT,CONG	-	-	4/1/2026	Fee Schedule	$437.12
C8927	TEE W OR W/O FOL W/CONT, MON	-	-	4/1/2026	Fee Schedule	$437.12
C8931	MRA, W/DYE, SPINAL CANAL	-	-	1/1/2026	Fee Schedule	$192.55
C8932	MRA, W/O DYE, SPINAL CANAL	-	-	1/1/2026	Fee Schedule	$131.48
C8933	MRA, W/O&W/DYE, SPINAL CANAL	-	-	1/1/2026	Fee Schedule	$192.55
C8934	MRA, W/DYE, UPPER EXTREMITY	-	-	1/1/2026	Fee Schedule	$192.55
C8935	MRA, W/O DYE, UPPER EXTR	-	-	1/1/2026	Fee Schedule	$131.48
C8936	MRA, W/O&W/DYE, UPPER EXTR	-	-	1/1/2026	Fee Schedule	$192.55
C9047	INJECTION, CAPLACIZUMAB-YHDP	-	-	10/1/2026	Fee Schedule	$837.91
C9067	GALLIUM GA-68 DOTATOC	-	-	1/1/2026	Fee Schedule	$3.61
C9101	INJ, OLICERIDINE 0.1 MG	-	-	1/1/2026	No Separate Payment	$0.00
C9143	COCAINE HCL NASAL (NUMBRINO)	-	-	1/1/2024	Not Allowed	$0.00
C9144	INJ, BUPIVACAINE (POSIMIR)	-	-	10/1/2025	Fee Schedule	$0.51
C9145	INJ, APONVIE, 1 MG	-	-	4/1/2026	Fee Schedule	$1.91

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C9176	DOM NONHEU TC99M ADD-ON/DOSE	-	-	1/1/2026	Not Allowed	$0.00
C9248	INJ, CLEVIDIPINE BUTYRATE	-	-	10/1/2025	Not Allowed	$0.00
C9250	ARTISS FIBRIN SEALANT	-	-	10/1/2026	Fee Schedule	$145.77
C9254	INJECTION, LACOSAMIDE	-	-	7/1/2018	No Separate Payment	$0.00
C9257	BEVACIZUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$1.89
C9285	PATCH, LIDOCAINE/TETRACAINE	-	-	7/1/2018	No Separate Payment	$0.00
C9293	INJECTION, GLUCARPIDASE	-	-	7/1/2026	Fee Schedule	$449.10
C9307	INJ LINVOSELTAMAB-GCPT 1 MG	-	-	4/1/2026	Fee Schedule	$96.82
C9308	INJ, CARBOPLATIN (AVYXA)	-	-	4/1/2026	Fee Schedule	$5.15
C9311	INJ, EPLONTERSEN, 1 MG	-	-	10/1/2026	Not Allowed	$0.00
C9312	INJ TRABECTE APOTEX, 0.01 MG	-	-	10/1/2026	Not Allowed	$0.00
C9313	INJ, PIVEKIMAB SUNIRINE PVZY	-	-	10/1/2026	Not Allowed	$0.00
C9352	NEURAGEN NERVE GUIDE, PER CM	-	-	1/1/2024	No Separate Payment	$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM	-	-	1/1/2024	No Separate Payment	$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2	-	-	1/1/2024	No Separate Payment	$0.00
C9355	NEUROMATRIX NERVE CUFF, CM	-	-	1/1/2024	No Separate Payment	$0.00
C9356	TENOGLIDE TENDON PROT, CM2	-	-	1/1/2024	No Separate Payment	$0.00
C9358	SURGIMEND, FETAL	-	-	1/1/2024	No Separate Payment	$0.00
C9359	IMPLNT,BON VOID FILLER-PUTTY	-	-	1/1/2024	No Separate Payment	$0.00
C9360	SURGIMEND, NEONATAL	-	-	1/1/2024	No Separate Payment	$0.00
C9361	NEUROMEND NERVE WRAP	-	-	7/1/2018	No Separate Payment	$0.00
C9362	IMPLNT,BON VOID FILLER-STRIP	-	-	1/1/2024	No Separate Payment	$0.00
C9363	INTEGRA MESHED BIL WOUND MAT	-	-	1/1/2026	Fee Schedule	$127.14
C9364	PORCINE IMPLANT, PERMACOL	-	-	1/1/2024	No Separate Payment	$0.00
C9399	UNCLASSIFIED DRUGS OR BIOLOG	-	-	7/1/2018	Not Allowed	$0.00
C9460	INJECTION, CANGRELOR	-	-	10/1/2026	Fee Schedule	$20.68
C9482	SOTALOL HYDROCHLORIDE IV	-	-	10/1/2025	Fee Schedule	$25.05
C9488	CONIVAPTAN HCL	-	-	1/1/2026	No Separate Payment	$0.00
C9600	PERC DRUG-EL COR STENT SING	Y	-	1/1/2026	Fee Schedule	$7,500.39
C9601	PERC DRUG-EL COR STENT BRAN	-	-	1/1/2026	No Separate Payment	$0.00
C9602	PERC D-E COR STENT ATHER S	Y	-	1/1/2026	Fee Schedule	$13,206.08
C9603	PERC D-E COR STENT ATHER BR	-	-	1/1/2026	No Separate Payment	$0.00
C9604	PERC D-E COR REVASC T CABG S	Y	-	1/1/2026	Fee Schedule	$7,354.29
C9605	PERC D-E COR REVASC T CABG B	-	-	1/1/2026	No Separate Payment	$0.00
C9607	PERC D-E COR REVASC CHRO SIN	Y	-	1/1/2026	Fee Schedule	$12,790.20
C9608	PERC D-E COR REVASC CHRO ADD	-	-	1/1/2026	No Separate Payment	$0.00
C9610	CATH CORONARY DRUG-DELIVERY	-	-	1/1/2025	No Separate Payment	$0.00
C9725	PLACE ENDORECTAL APP	Y	-	1/1/2026	Fee Schedule	$510.49
C9726	RXT BREAST APPL PLACE/REMOV	-	-	1/1/2026	No Separate Payment	$0.00
C9727	INSERT PALATE IMPLANTS	Y	-	1/1/2026	Fee Schedule	$659.17
C9728	PLACE DEVICE/MARKER, NON PRO	-	-	1/1/2026	Fee Schedule	$758.79
C9733	NON-OPHTHALMIC FVA	-	-	7/1/2018	No Separate Payment	$0.00
C9734	U/S TRTMT, NOT LEIOMYOMATA	Y	-	1/1/2026	Fee Schedule	$6,804.43
C9738	BLUE LIGHT CYSTO IMAG AGENT	-	-	7/1/2018	No Separate Payment	$0.00
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	Y	-	1/1/2026	Fee Schedule	$4,258.61
C9740	CYSTO IMPL 4 OR MORE	Y	-	1/1/2026	Fee Schedule	$8,087.10
C9757	SPINE DEVICE IMPLANT SURGERY	Y	-	1/1/2026	Fee Schedule	$9,696.16
C9758	BLIND INTERATRIAL SHUNT IDE	Y	-	1/1/2026	Fee Schedule	$13,052.08
C9759	TRANSCATH INTRAOP MICROINF	-	-	10/1/2020	No Separate Payment	$0.00
C9760	NON-BLIND INTERATRIAL SHUNT	Y	-	1/1/2026	Fee Schedule	$14,774.67
C9761	CYSTO, LITHO, VACUUM KIDNEY	Y	-	1/1/2026	Fee Schedule	$6,612.45
C9762	CARDIAC MRI SEG DYS STRAIN	-	-	1/1/2026	Fee Schedule	$297.30
C9763	CARDIAC MRI SEG DYS STRESS	-	-	1/1/2026	Fee Schedule	$297.30
C9764	REVASC INTRAVASC LITHOTRIPSY	Y	-	1/1/2026	Fee Schedule	$8,249.12

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C9765	REVASC INTRA LITHOTRIP-STENT	Y	-	1/1/2026	Fee Schedule	$13,268.99
C9766	REVASC INTRA LITHOTRIP-ATHER	Y	-	1/1/2026	Fee Schedule	$13,627.89
C9767	REVASC LITHOTRIP-STENT-ATHER	Y	-	1/1/2026	Fee Schedule	$13,908.35
C9772	REVASC LITHOTRIP TIBI/PERONE	Y	-	1/1/2026	Fee Schedule	$7,999.86
C9773	REVASC LITHOTR-STENT TIB/PER	Y	-	1/1/2026	Fee Schedule	$12,025.04
C9774	REVASC LITHOTR-ATHER TIB/PER	Y	-	1/1/2026	Fee Schedule	$13,064.01
C9775	REVASC LITH-STEN-ATH TIB/PER	Y	-	1/1/2026	Fee Schedule	$14,121.47
C9776	FLUO BILE DUCT IMAGING W/ICG	-	-	4/1/2021	No Separate Payment	$0.00
C9777	ESOPHAG MUC INTEG W/ESO EGD	Y	-	1/1/2026	Fee Schedule	$2,775.35
C9778	COLPOPEXY, MIN/INV, EX-PERIT	Y	-	1/1/2026	Fee Schedule	$2,295.55
C9779	ESD ENDOSCOPY OR COLONOSCOPY	Y	-	1/1/2026	Fee Schedule	$1,986.55
C9780	INSERT CV CATH INF & SUP APP	-	-	4/1/2026	Fee Schedule	$6,467.91
C9781	ARTHRO/SHOUL SURG; W/SPACER	Y	-	1/1/2026	Fee Schedule	$10,217.78
C9782	BLIND MYOCAR TRPL BON MARROW	Y	-	1/1/2026	Fee Schedule	$11,912.65
C9783	BLIND COR SINUS REDUCER IMPL	Y	-	1/1/2026	Fee Schedule	$5,419.44
C9785	ENDO OUTLET RESTRICT W/TUBE	Y	-	1/1/2026	Fee Schedule	$5,120.50
C9789	INSTILL PHARM RENAL PELVIS	Y	-	1/1/2026	Fee Schedule	$671.83
C9790	KIDNEY HISTOTRIPSY W/IMAGE	-	-	7/1/2024	Not Allowed	$0.00
C9792	BLIND/NONBLIND TRANS ATRIAL	-	-	4/1/2026	Fee Schedule	$5,238.46
C9796	RPR INTST EXCL ANRECT FIST	Y	-	1/1/2026	Fee Schedule	$1,815.01
C9797	VASC EMB/OCC W/PRS CATH	Y	-	1/1/2026	Fee Schedule	$12,488.28
C9804	PUMP ELASTOMC NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	$0.00
C9806	PUMP PERIST NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	$0.00
C9807	NERVE STIM NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	$0.00
C9808	CRYO PROBE NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	$0.00
C9809	CRYO NEEDLE NON-OPIOID DEV	-	-	1/1/2025	Not Allowed	$0.00
C9810	COLD THERAPY NON-OPIOID DEV	-	-	1/1/2026	Not Allowed	$0.00
C9811	ELEC AMB PMP NONOPIOID DEV	-	-	1/1/2026	Not Allowed	$0.00
C9812	ECHGNC NV NDLS NONOPIOID DEV	-	-	1/1/2026	Not Allowed	$0.00
C9813	PRF INFS CTH NONOPIOID DEV	-	-	1/1/2026	Not Allowed	$0.00
C9814	ECHOGNC CATHR NONOPIOID DEV	-	-	1/1/2026	Not Allowed	$0.00
C9815	PERISTLC PMP NONOPIOID DEV	-	-	1/1/2026	Not Allowed	$0.00
C9816	PMP PRS REUSBL NONOPIOID DEV	-	-	1/1/2026	Not Allowed	$0.00
C9817	CRYPNM CMPRS NONOPIOID DEV	-	-	1/1/2026	Not Allowed	$0.00
C9818	SUZETRIGINE, ORL, 1MG	-	-	10/1/2026	Not Allowed	$0.33
C9901	ENDO DEFECT CLOSURE GI TRACT	Y	-	1/1/2026	Fee Schedule	$6,759.42
D0120	PERIODIC ORAL EVALUATION	-	-	1/1/2024	No Separate Payment	$0.00
D0140	LIMIT ORAL EVAL PROBLM FOCUS	-	-	1/1/2024	No Separate Payment	$0.00
D0150	COMPREHENSIVE ORAL EVALUATION	-	-	1/1/2024	No Separate Payment	$0.00
D0160	EXTENSV ORAL EVAL PROB FOCUS	-	-	1/1/2024	No Separate Payment	$0.00
D0170	RE-EVAL, EST, PT, PROBLEM FOCUS	-	-	1/1/2024	No Separate Payment	$0.00
D0171	RE-EVAL POST-OP VISIT	-	-	1/1/2024	No Separate Payment	$0.00
D0180	COMP PERIODONTAL EVALUATION	-	-	1/1/2024	No Separate Payment	$0.00
D0191	ASSESSMENT OF A PATIENT	-	-	1/1/2024	No Separate Payment	$0.00
D0210	INTRAOR COMPREHENSIVE SERIES	-	-	1/1/2024	No Separate Payment	$0.00
D0220	INTRAORAL PERIAPICAL FIRST	-	-	1/1/2024	No Separate Payment	$0.00
D0230	INTRAORAL PERIAPICAL EA ADD	-	-	1/1/2024	No Separate Payment	$0.00
D0240	INTRAORAL OCCLUSAL FILM	-	-	1/1/2024	No Separate Payment	$0.00
D0250	EXTRAORAL 2D PROJECT IMAGE	-	-	1/1/2024	No Separate Payment	$0.00
D0251	EXTRAORAL POSTERIOR IMAGE	-	-	1/1/2024	No Separate Payment	$0.00
D0270	DENTAL BITEWING SINGLE IMAGE	-	-	1/1/2024	No Separate Payment	$0.00
D0272	DENTAL BITEWING TWO IMAGES	-	-	1/1/2024	No Separate Payment	$0.00
D0273	BITEWINGS - THREE IMAGES	-	-	1/1/2024	No Separate Payment	$0.00
D0274	BITEWINGS FOUR IMAGES	-	-	1/1/2024	No Separate Payment	$0.00

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D0277	VERT BITEWINGS 7 TO 8 IMAGES	-	-	1/1/2024	No Separate Payment	$0.00
D0330	PANORAMIC IMAGE	-	-	1/1/2024	No Separate Payment	$0.00
D0340	2D CEPHALOMETRIC IMAGE	-	-	1/1/2024	No Separate Payment	$0.00
D0350	ORAL/FACIAL PHOTO IMAGES	-	-	1/1/2024	No Separate Payment	$0.00
D0367	CONE BEAM CT INTERP BOTH JAW	-	-	1/1/2024	No Separate Payment	$0.00
D0383	CONE BEAM CT BOTH JAWS	-	-	1/1/2024	No Separate Payment	$0.00
D0393	TRTMNT SIMULATION 3D IMAGE	-	-	1/1/2024	No Separate Payment	$0.00
D0426	COLL, ANALYS OF SALIVA	-	-	1/1/2026	Not Allowed	$0.00
D0461	TESTING FOR CRACKED TOOTH	-	-	1/1/2026	Not Allowed	$0.00
D1110	DENTAL PRPHYLAXIS ADULT	-	-	1/1/2024	No Separate Payment	$0.00
D1354	INT CARIES MED APP PER TOOTH	-	-	1/1/2024	No Separate Payment	$0.00
D1720	INFLUENZA VACC ADMIN	-	-	1/1/2026	Not Allowed	$0.00
D2140	AMALGAM ONE SURFACE PERMAMEM	-	-	1/1/2024	No Separate Payment	$0.00
D2150	AMALGAM TWO SURFACES PERMANE	-	-	1/1/2024	No Separate Payment	$0.00
D2160	AMALGAM THREE SURFACES PERMA	-	-	1/1/2024	No Separate Payment	$0.00
D2161	AMALGAM 4 OR > SURFACES PERM	-	-	1/1/2024	No Separate Payment	$0.00
D2330	RESIN ONE SURFACE-ANTERIOR	-	-	1/1/2024	No Separate Payment	$0.00
D2331	RESIN TWO SURFACES-ANTERIOR	-	-	1/1/2024	No Separate Payment	$0.00
D2332	RESIN THREE SURFACE-ANTERIO	-	-	1/1/2024	No Separate Payment	$0.00
D2335	RESIN 4/> SURF OR W INCIS AN	-	-	1/1/2024	No Separate Payment	$0.00
D2390	ANT RESON-BASED CMPST CROWN	-	-	1/1/2024	No Separate Payment	$0.00
D2391	POST 1 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	$0.00
D2392	POST 2 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	$0.00
D2393	POST 3 SRFC RESINBASED CMPST	-	-	1/1/2024	No Separate Payment	$0.00
D2394	POST >=4SRFC RESINBASE CMPST	-	-	1/1/2024	No Separate Payment	$0.00
D2740	CROWN PORCELAIN/CERAMIC	-	-	1/1/2024	No Separate Payment	$0.00
D2750	CROWN PORCELAIN W/ H NOBLE M	-	-	1/1/2024	No Separate Payment	$0.00
D2751	CROWN PORCELAIN FUSED BASE M	-	-	1/1/2024	No Separate Payment	$0.00
D2752	CROWN PORCELAIN W/ NOBLE MET	-	-	1/1/2024	No Separate Payment	$0.00
D2791	CROWN FULL CAST BASE METAL	-	-	1/1/2024	No Separate Payment	$0.00
D2799	INTERIM CROWN	-	-	1/1/2024	No Separate Payment	$0.00
D2920	RE-CEMENT OR RE-BOND CROWN	-	-	1/1/2024	No Separate Payment	$0.00
D2929	PREFAB PORC/CERAM CROWN PRI	-	-	1/1/2024	No Separate Payment	$0.00
D2930	PREFAB STNLSS STEEL CRWN PRI	-	-	1/1/2024	No Separate Payment	$0.00
D2931	PREFAB STNLSS STEEL CROWN PE	-	-	1/1/2024	No Separate Payment	$0.00
D2932	PREFABRICATED RESIN CROWN	-	-	1/1/2024	No Separate Payment	$0.00
D2933	PREFAB STAINLESS STEEL CROWN	-	-	1/1/2024	No Separate Payment	$0.00
D2934	PREFAB STEEL CROWN PRIMAR	-	-	1/1/2024	No Separate Payment	$0.00
D2940	PLACE DIRECT RESTORATION	-	-	1/1/2024	No Separate Payment	$0.00
D2950	CORE BUILD-UP INCL ANY PINS	-	-	1/1/2024	No Separate Payment	$0.00
D2951	TOOTH PIN RETENTION	-	-	1/1/2024	No Separate Payment	$0.00
D2952	POST AND CORE CAST + CROWN	-	-	1/1/2024	No Separate Payment	$0.00
D2954	PREFAB POST/CORE + CROWN	-	-	1/1/2024	No Separate Payment	$0.00
D3110	PULP CAP DIRECT	-	-	1/1/2024	No Separate Payment	$0.00
D3120	PULP CAP INDIRECT	-	-	1/1/2024	No Separate Payment	$0.00
D3220	THERAPUTIC PULPOTOMY	-	-	1/1/2024	No Separate Payment	$0.00
D3221	GROSS PULPAL DEBRIDEMENT	-	-	1/1/2024	No Separate Payment	$0.00
D3222	PART PULP FOR APEXOGENESIS	-	-	1/1/2024	No Separate Payment	$0.00
D3230	PULPAL THERAPY ANTERIOR PRIM	-	-	1/1/2024	No Separate Payment	$0.00
D3240	PULPAL THERAPY POSTERIOR PRI	-	-	1/1/2024	No Separate Payment	$0.00
D3310	END THXPY, ANTERIOR TOOTH	-	-	1/1/2024	No Separate Payment	$0.00
D3320	END THXPY, PREMOLAR TOOTH	-	-	1/1/2024	No Separate Payment	$0.00
D3330	END THXPY, MOLAR TOOTH	-	-	1/1/2024	No Separate Payment	$0.00
D3460	ENDODONTIC ENDOSSEOUS IMPLAN	-	-	1/1/2024	No Separate Payment	$0.00

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D3910	ISOLATION- TOOTH WITH RUBB DAM	-	-	1/1/2024	No Separate Payment	$0.00
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	Y	-	1/1/2026	Fee Schedule	$1,480.50
D4211	GINGIVECTOMY/PLASTY 1 TO 3	Y	-	1/1/2026	Fee Schedule	$1,480.50
D4212	GINGIVECTOMY/PLASTY REST	Y	-	1/1/2026	Fee Schedule	$1,480.50
D4260	OSSEOUS SURGERY 4 OR MORE	Y	-	1/1/2026	Fee Schedule	$3,025.62
D4263	BONE REPLACE GRAFT FIRST SITE	Y	-	1/1/2026	Fee Schedule	$349.37
D4270	PEDICLE SOFT TISSUE GRAFT PR	Y	-	1/1/2026	Fee Schedule	$659.17
D4273	AUTO TISSUE GRAFT 1ST TOOTH	Y	-	1/1/2026	Fee Schedule	$659.17
D4341	PERIODONTAL SCALING & ROOT	-	-	1/1/2024	No Separate Payment	$0.00
D4342	PERIODONTAL SCALING 1-3 TEETH	-	-	1/1/2024	No Separate Payment	$0.00
D4346	SCALING GINGIV INFLAMMATION	-	-	1/1/2024	No Separate Payment	$0.00
D4355	FULL MOUTH DEBRIDEMENT	-	-	1/1/2024	No Separate Payment	$0.00
D4381	LOCALIZED DELIVERY ANTIMICRO	-	-	1/1/2024	No Separate Payment	$0.00
D4910	PERIODONTAL MAINT PROCEDURES	-	-	1/1/2024	No Separate Payment	$0.00
D5877	DUP OF COMPLT DENT-MAXILL	-	-	1/1/2026	Not Allowed	$0.00
D5878	DUP OF COMPLT DENT-MANDIB	-	-	1/1/2026	Not Allowed	$0.00
D5909	MAX GUID PROTHES W/ FLANGE	-	-	1/1/2026	Not Allowed	$0.00
D5930	MAX GUID PROTHES W/O FLANGE	-	-	1/1/2026	Not Allowed	$0.00
D5938	RESCT PROTH MAX COMP REMOV	-	-	1/1/2026	Not Allowed	$0.00
D5939	RESCT PROTH MAND COMP REMOV	-	-	1/1/2026	Not Allowed	$0.00
D5940	RESCT PROTH MAX PART REMOV	-	-	1/1/2026	Not Allowed	$0.00
D5941	RESCT PROTH MAND PART REMOV	-	-	1/1/2026	Not Allowed	$0.00
D5942	PROTH MAX IMPLT SUP REMV	-	-	1/1/2026	Not Allowed	$0.00
D5943	PROTH MANDIB IMPLT SUP REMV	-	-	1/1/2026	Not Allowed	$0.00
D5944	MAX IMPLT SUP REMV PART	-	-	1/1/2026	Not Allowed	$0.00
D5945	MAND IMPLT SUP REMV PART	-	-	1/1/2026	Not Allowed	$0.00
D5946	MAX IMPLT SUP FIX	-	-	1/1/2026	Not Allowed	$0.00
D5947	MAND IMPLT SUP FIX	-	-	1/1/2026	Not Allowed	$0.00
D5948	MAX IMPLT SUP FIX PART	-	-	1/1/2026	Not Allowed	$0.00
D5949	MAND IMPLT SUP FIX PART	-	-	1/1/2026	Not Allowed	$0.00
D6049	SCALE IMPLT PERI-IMPLT INFLM	-	-	1/1/2026	Not Allowed	$0.00
D6196	REMV OF IND REST ON IMPLT	-	-	1/1/2026	Not Allowed	$0.00
D6280	IMPLT MAINT PROCD REMV IMPLT	-	-	1/1/2026	Not Allowed	$0.00
D7111	EXTRACTION CORONAL REMNANTS	Y	-	1/1/2026	Fee Schedule	$349.37
D7140	EXTRACTION ERUPTED TOOTH/EXR	Y	-	1/1/2026	Fee Schedule	$349.37
D7210	REM IMP TOOTH W MUCOPER FLP	Y	-	1/1/2026	Fee Schedule	$659.17
D7220	IMPACT TOOTH REMOV SOFT TISS	Y	-	1/1/2026	Fee Schedule	$349.37
D7230	IMPACT TOOTH REMOV PART BONY	Y	-	1/1/2026	Fee Schedule	$349.37
D7240	IMPACT TOOTH REMOV COMP BONY	Y	-	1/1/2026	Fee Schedule	$349.37
D7241	IMPACT TOOTH REM BONY W/COMP	Y	-	1/1/2026	Fee Schedule	$349.37
D7250	TOOTH ROOT REMOVAL	Y	-	1/1/2026	Fee Schedule	$349.37
D7251	CORONECTOMY	Y	-	1/1/2026	Fee Schedule	$659.17
D7270	TOOTH REIMPLANTATION	Y	-	1/1/2026	Fee Schedule	$349.37
D7280	EXPOSURE OF UNERUPTED TOOTH	Y	-	1/1/2026	Fee Schedule	$349.37
D7310	ALVEOPLASTY W/ EXTRACTION	Y	-	1/1/2026	Fee Schedule	$659.17
D7311	ALVEOPLASTY W/EXTRACT 1-3	Y	-	1/1/2026	Fee Schedule	$659.17
D7320	ALVEOPLASTY W/O EXTRACTION	Y	-	1/1/2026	Fee Schedule	$659.17
D7321	ALVEOLOPLASTY NOT W/EXTRACTS	Y	-	1/1/2026	Fee Schedule	$659.17
D7410	RAD EXC LESION UP TO 1.25 CM	Y	-	1/1/2026	Fee Schedule	$659.17
D7411	EXCISION BENIGN LESION>1.25C	Y	-	1/1/2026	Fee Schedule	$659.17
D7412	EXCISION BENIGN LESION COMPL	Y	-	1/1/2026	Fee Schedule	$659.17
D7413	EXCISION MALIG LESION<=1.25C	Y	-	1/1/2026	Fee Schedule	$659.17
D7414	EXCISION MALIG LESION>1.25CM	Y	-	1/1/2026	Fee Schedule	$659.17
D7415	EXCISION MALIG LES COMPLICAT	Y	-	1/1/2026	Fee Schedule	$659.17

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D7440	MALIG TUMOR EXC TO 1.25 CM	Y	-	1/1/2026	Fee Schedule	$1,480.50
D7441	MALIG TUMOR > 1.25 CM	Y	-	1/1/2026	Fee Schedule	$1,480.50
D7450	REM ODONTOGEN CYST TO 1.25CM	Y	-	1/1/2026	Fee Schedule	$1,480.50
D7451	REM ODONTOGEN CYST > 1.25 CM	Y	-	1/1/2026	Fee Schedule	$1,480.50
D7460	REM NONODONTO CYST TO 1.25CM	Y	-	1/1/2026	Fee Schedule	$349.37
D7461	REM NONODONTO CYST > 1.25 CM	Y	-	1/1/2026	Fee Schedule	$349.37
D7471	REM EXOSTOSIS ANY SITE	Y	-	1/1/2026	Fee Schedule	$1,480.50
D7472	REMOVAL OF TORUS PALATINUS	Y	-	1/1/2026	Fee Schedule	$349.37
D7473	ROMOVE TORUS MANDIBULARIS	Y	-	1/1/2026	Fee Schedule	$349.37
D7485	SURG REDUCT OSSEOUSTUBEROSIT	Y	-	1/1/2026	Fee Schedule	$3,025.62
D7510	I&D ABSC INTRAORAL SOFT TISS	Y	-	1/1/2026	Fee Schedule	$388.55
D7511	INCISION/DRAIN ABSCESS INTRA	Y	-	1/1/2026	Fee Schedule	$388.55
D7520	I&D ABSCESS EXTRAORAL	Y	-	1/1/2026	Fee Schedule	$388.55
D7521	INCISION/DRAIN ABSCESS EXTRA	Y	-	1/1/2026	Fee Schedule	$388.55
D7530	REMOVAL FB SKIN/AREOLAR TISS	Y	-	1/1/2026	Fee Schedule	$349.37
D7540	REMOVAL OF FB REACTION	Y	-	1/1/2026	Fee Schedule	$349.37
D7550	REMOVAL OF SLOUGHED OFF BONE	Y	-	1/1/2026	Fee Schedule	$349.37
D7922	PLACE INTRA-SOCKET BIO DRESS	-	-	1/1/2024	No Separate Payment	$0.00
D7950	MANIDBLE GRAFT	Y	-	1/1/2026	Fee Schedule	$3,025.62
D9128	PHOTOBIO THERPY-FIRST 15 MIN	-	-	1/1/2026	Not Allowed	$0.00
D9129	PHOTOBIO THERPY-SUB 15 MINS	-	-	1/1/2026	Not Allowed	$0.00
D9224	GEN ANES ADV AIR-15 MIN	-	-	1/1/2026	Not Allowed	$0.00
D9225	GEN ANES ADV AIR-SUB 15 MIN	-	-	1/1/2026	Not Allowed	$0.00
D9244	OFFICE MIN SED DRUG ENTERAL	-	-	1/1/2026	Not Allowed	$0.00
D9245	ADMIN MOD SEDATION-ENTERAL	-	-	1/1/2026	Not Allowed	$0.00
D9246	MOD SEDATION NONIV-15 MIN	-	-	1/1/2026	Not Allowed	$0.00
D9247	MOD SEDATION NONIV-SUB15MIN	-	-	1/1/2026	Not Allowed	$0.00
D9936	CLEAN OCC GUARD	-	-	1/1/2026	Not Allowed	$0.00
E0616	CARDIAC EVENT RECORDER	-	-	7/1/2018	Not Allowed	$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED	-	-	7/1/2018	No Separate Payment	$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	$0.00
E0783	PROGRAMMABLE INFUSION PUMP	-	-	7/1/2018	No Separate Payment	$0.00
E0785	REPLACEMENT IMPL PUMP CATHET	-	-	7/1/2018	No Separate Payment	$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT	-	-	7/1/2018	Not Allowed	$0.00
E0788	DEV-DRUG COMBO INFUSION PUMP	-	-	10/1/2026	Not Allowed	$0.00
E2403	EXT OCULR NEG PRES PUMP	-	-	10/1/2026	Not Allowed	$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE	Y	-	1/1/2026	Fee Schedule	$184.96
G0105	COLORECTAL SCRN; HI RISK IND	Y	-	1/1/2026	Fee Schedule	$510.49
G0121	COLON CA SCRN NOT HI RSK IND	Y	-	1/1/2026	Fee Schedule	$510.49
G0127	TRIM NAIL(S)	-	-	7/1/2018	No Separate Payment	$0.00
G0130	SINGLE ENERGY X-RAY STUDY	-	-	1/1/2026	Fee Schedule	$28.53
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y	-	1/1/2026	Fee Schedule	$301.90
G0235	PET NOT OTHERWISE SPECIFIED	-	-	1/1/2026	Fee Schedule	$220.34
G0247	ROUTINE FOOTCARE PT W LOPS	-	-	7/1/2018	No Separate Payment	$0.00
G0259	INJECT FOR SACROILIAC JOINT	-	-	7/1/2018	No Separate Payment	$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y	-	1/1/2026	Fee Schedule	$387.46
G0268	REMOVAL OF IMPACTED WAX MD	-	-	7/1/2018	No Separate Payment	$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART	-	-	7/1/2018	No Separate Payment	$0.00
G0276	PILD/PLACEBO CONTROL CLIN TR	Y	-	1/1/2026	Fee Schedule	$3,695.53
G0278	ILIAC ART ANGIO,CARDIAC CATH	-	-	4/1/2023	No Separate Payment	$0.00
G0288	RECON, CTA FOR SURG PLAN	-	-	7/1/2018	No Separate Payment	$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO	-	-	7/1/2018	No Separate Payment	$0.00
G0330	FACILITY SVS DENTAL REHAB	Y	-	1/1/2026	Fee Schedule	$1,480.50
G0412	OPEN TX ILIAC SPINE UNI/BIL	Y	-	1/1/2026	Fee Schedule	$5,493.01

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G0413	PELVIC RING FRACTURE UNI/BIL	Y	-	1/1/2026	Fee Schedule	$4,653.96
G0414	PELVIC RING FX TREAT INT FIX	Y	-	1/1/2026	Fee Schedule	$5,373.33
G0415	OPEN TX POST PELVIC FXCTURE	Y	-	1/1/2026	Fee Schedule	$1,644.87
G0429	DERMAL FILLER INJECTION(S)	Y	-	1/1/2026	Fee Schedule	$56.73
G0453	CONT INTRAOP NEURO MONITOR	-	-	7/1/2018	No Separate Payment	$0.00
G0516	INSERT DRUG DEL IMPLANT, >=4	-	-	7/1/2019	No Separate Payment	$0.00
G0517	REMOVE DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	$0.00
G0518	REMOVE W INSERT DRUG IMPLANT	-	-	7/1/2019	No Separate Payment	$0.00
G0564	365 D IMPLANT GLUCOSE SENSOR	-	-	4/1/2025	Not Allowed	$0.00
G0568	INT PSYCH CARE MNG, 1 CAL MO	-	-	1/1/2026	Not Allowed	$0.00
G0569	SUBS PSYCH CARE MNG, SUBS MO	-	-	1/1/2026	Not Allowed	$0.00
G0570	CARE MANAGE SERV, PR CAL MO	-	-	1/1/2026	Not Allowed	$0.00
G0571	INTRAOP NERVE CRYOABLATION	-	-	1/1/2026	No Separate Payment	$0.00
G0574	MGT NEW PT DEM RES CARE CMMI	-	-	10/1/2026	Not Allowed	$0.00
G0575	MGT EST PT DEM RES CARE CMMI	-	-	10/1/2026	Not Allowed	$0.00
G0577	VASC EMB/OCCL ORGAN, PGC	-	-	10/1/2026	Not Allowed	$0.00
G0660	TEAM REMOTE E/M NEW PT 10 MN	-	-	1/1/2026	Not Allowed	$0.00
G0661	TEAM REMOTE E/M NEW PT 20 MN	-	-	1/1/2026	Not Allowed	$0.00
G0662	TEAM REMOTE E/M NEW PT 30 MN	-	-	1/1/2026	Not Allowed	$0.00
G0663	TEAM REMOTE E/M NEW PT 45 MN	-	-	1/1/2026	Not Allowed	$0.00
G0664	TEAM REMOTE E/M NEW PT 60 MN	-	-	1/1/2026	Not Allowed	$0.00
G0665	TEAM REMOTE E/M EST PT 10 MN	-	-	1/1/2026	Not Allowed	$0.00
G0666	TEAM REMOTE E/M EST PT 15 MN	-	-	1/1/2026	Not Allowed	$0.00
G0667	TEAM REMOTE E/M EST PT 25 MN	-	-	1/1/2026	Not Allowed	$0.00
G0668	TEAM REMOTE E/M EST PT 40 MN	-	-	1/1/2026	Not Allowed	$0.00
G0669	ECKM OAP-INITIAL PERIOD	-	-	10/1/2026	Not Allowed	$0.00
G0670	ECKM OAP-FOLLOW-ON PERIOD(S)	-	-	10/1/2026	Not Allowed	$0.00
G0671	CKM OAP-INITIAL PERIOD	-	-	10/1/2026	Not Allowed	$0.00
G0672	CKM OAP-FOLLOW-ON PERIOD(S)	-	-	10/1/2026	Not Allowed	$0.00
G0673	MSK OAP-INITIAL PERIOD	-	-	10/1/2026	Not Allowed	$0.00
G0674	BH OAP-INITIAL PERIOD	-	-	10/1/2026	Not Allowed	$0.00
G0675	BH OAP-FOLLOW-ON PERIOD(S)	-	-	10/1/2026	Not Allowed	$0.00
G0676	STD CO-MGMT-ECKM, CKM	-	-	10/1/2026	Not Allowed	$0.00
G0677	STD CO-MGMT-MSK	-	-	10/1/2026	Not Allowed	$0.00
G0678	STD CO-MGMT-BH	-	-	10/1/2026	Not Allowed	$0.00
G0680	CR ART CLC ART VLV CLC W RPT	-	-	10/1/2026	Not Allowed	$0.00
G0681	APP OF NON-SHEET SKIN SUB	-	-	10/1/2026	Not Allowed	$0.00
G0682	APP NON-SHEET SKIN SUB ADD	-	-	10/1/2026	Not Allowed	$0.00
G0683	APP OF NON-SHEET SKIN SUB G	-	-	10/1/2026	Not Allowed	$0.00
G0684	APP NON-SHEET SKIN SB G ADDL	-	-	10/1/2026	Not Allowed	$0.00
G0685	ALGORITHM ASSESSMENT FOR ASD	-	-	10/1/2026	Not Allowed	$0.00
G2001	POST D/C H VST NEW PT 20 M	-	-	4/1/2019	Not Allowed	$0.00
G2002	POST-D/C H VST NEW PT 30 M	-	-	4/1/2019	Not Allowed	$0.00
G2003	POST-D/C H VST NEW PT 45 M	-	-	4/1/2019	Not Allowed	$0.00
G2004	POST-D/C H VST NEW PT 60 M	-	-	4/1/2019	Not Allowed	$0.00
G2005	POST-D/C H VST NEW PT 75 M	-	-	4/1/2019	Not Allowed	$0.00
G2006	POST-D/C H VST EXT PT 20 M	-	-	4/1/2019	Not Allowed	$0.00
G2007	POST-D/C H VST EXT PT 30 M	-	-	4/1/2019	Not Allowed	$0.00
G2008	POST-D/C H VST EXT PT 45 M	-	-	4/1/2019	Not Allowed	$0.00
G2009	POST-D/C H VST EXT PT 60 M	-	-	4/1/2019	Not Allowed	$0.00
G2013	POST-D/C H VST EXT PT 75 M	-	-	4/1/2019	Not Allowed	$0.00
G2014	POST-D/C CARE PLAN OVERS 30M	-	-	4/1/2019	Not Allowed	$0.00
G2015	POST-D/C CARE PLAN OVERS 60M	-	-	4/1/2019	Not Allowed	$0.00
G8907	PT DOC NO EVENTS ON DISCHARGE	-	-	7/1/2018	No Separate Payment	$0.00

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G8908	PT DOC W BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	$0.00
G8909	PT DOC NO BURN PRIOR TO D/C	-	-	7/1/2018	No Separate Payment	$0.00
G8910	PT DOC TO HAVE FALL IN ASC	-	-	7/1/2018	No Separate Payment	$0.00
G8911	PT DOC NO FALL IN ASC	-	-	7/1/2018	No Separate Payment	$0.00
G8912	PT DOC WITH WRONG EVENT	-	-	7/1/2018	No Separate Payment	$0.00
G8913	PT DOC NO WRONG EVENT	-	-	7/1/2018	No Separate Payment	$0.00
G8914	PT TRANS TO HOSP POST D/C	-	-	7/1/2018	No Separate Payment	$0.00
G8915	PT NOT TRANS TO HOSP AT D/C	-	-	7/1/2018	No Separate Payment	$0.00
G8916	PT W IV AB GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	$0.00
G8917	PT W IV AB NOT GIVEN ON TIME	-	-	7/1/2018	No Separate Payment	$0.00
G8918	PT W/O PREOP ORDER IV AB PROP	-	-	7/1/2018	No Separate Payment	$0.00
G9871	BHV COUNS DM PREV, ONLN 60 M	-	-	1/1/2026	Not Allowed	$0.00
J0013	ESKETAMINE, NASAL SPRAY	-	-	1/1/2026	Not Allowed	$0.00
J0014	COCAINE HCL NASAL (GOPRELTO)	-	-	10/1/2026	Not Allowed	$0.00
J0120	TETRACYCLIN INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J0121	INJ., OMADACYCLINE, 1 MG	-	-	10/1/2026	Fee Schedule	$4.29
J0122	INJ., ERAVACYCLINE, 1 MG	-	-	10/1/2026	Fee Schedule	$1.33
J0129	ABATACEPT INJECTION	-	-	10/1/2026	Fee Schedule	$45.94
J0130	ABCIXIMAB INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J0131	INJ, ACETAMINOPHEN (NOS)	-	-	1/1/2024	No Separate Payment	$0.00
J0132	ACETYLCYSTEINE INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J0133	ACYCLOVIR INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J0134	INJ ACETAMINOPHEN -FRESENIUS	-	-	1/1/2025	No Separate Payment	$0.00
J0136	INJ, ACETAMINOPHEN (B BRAUN)	-	-	1/1/2025	No Separate Payment	$0.00
J0137	INJ, ACETAMINOPHEN (HIKMA)	-	-	1/1/2025	No Separate Payment	$0.00
J0138	INJ ACETAMINOPH 10MG/IBU 3MG	-	-	10/1/2026	Fee Schedule	$0.13
J0139	INJ, ADALIMUMAB, 1 MG	-	-	7/1/2025	Fee Schedule	$91.73
J0153	ADENOSINE INJ 1MG	-	-	1/1/2024	No Separate Payment	$0.00
J0162	INJ EPINEPHRINE (FRESENIUS)	-	-	1/1/2026	No Separate Payment	$0.00
J0163	EPINEPHRINE IN NACL (ENDO)	-	-	1/1/2026	Not Allowed	$0.00
J0164	EPINEPHRINE IN NACL (BAXTER)	-	-	1/1/2026	Not Allowed	$0.00
J0174	INJ, LECANEMAB-IRMB, 1 MG	-	-	10/1/2026	Fee Schedule	$1.36
J0175	INJ, DONANEMAB-AZBT, 2 MG	-	-	10/1/2026	Fee Schedule	$4.19
J0177	INJ, AFLIBERCEPT HD, 1 MG	-	-	10/1/2026	Fee Schedule	$290.90
J0178	AFLIBERCEPT INJECTION	-	-	10/1/2026	Fee Schedule	$722.25
J0179	INJ, BROLUCIZUMAB-DBLL, 1 MG	-	-	10/1/2026	Fee Schedule	$360.44
J0180	AGALSIDASE BETA INJECTION	-	-	10/1/2026	Fee Schedule	$230.54
J0184	INJ, AMISULPRIDE, 1 MG	-	-	10/1/2026	No Separate Payment	$0.00
J0185	INJ., APREPITANT, 1 MG	-	-	10/1/2026	Fee Schedule	$1.62
J0202	INJECTION, ALEMTUZUMAB	-	-	10/1/2026	Fee Schedule	$2,506.20
J0206	INJ ALLOPURINOL SODIUM 1 MG	-	-	10/1/2026	Fee Schedule	$4.29
J0207	AMIFOSTINE	-	-	1/1/2024	Not Allowed	$0.00
J0208	INJ, PEDMARK, 100 MG	-	-	10/1/2026	Fee Schedule	$101.28
J0209	INJ, SOD THIOSULFATE (HOPE)	-	-	1/1/2026	Fee Schedule	$0.88
J0210	METHYLDOPATE HCL INJECTION	-	-	1/1/2024	Not Allowed	$0.00
J0211	INJ, NITHIODOTE, 3MG / 125MG	-	-	7/1/2026	Fee Schedule	$2.17
J0216	INJ, ALFENTANIL HCL, 500MCG	-	-	1/1/2024	No Separate Payment	$0.00
J0217	INJ VELMANASE ALFA-TYCV 1 MG	-	-	10/1/2026	Fee Schedule	$479.19
J0218	INJ OLIPUDASE ALFA-RPCP 1MG	-	-	10/1/2026	Fee Schedule	$404.78
J0219	INJ AVAL ALFA-NQPT 4MG	-	-	10/1/2026	Fee Schedule	$83.82
J0220	ALGLUCOSIDASE ALFA INJECTION	-	-	1/1/2026	No Separate Payment	$0.00
J0221	LUMIZYME INJECTION	-	-	10/1/2026	Fee Schedule	$211.06
J0222	INJ., PATISIRAN, 0.1 MG	-	-	10/1/2026	Fee Schedule	$101.18
J0223	INJ GIVOSIRAN 0.5 MG	-	-	10/1/2026	Fee Schedule	$120.74

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J0224	INJ. LUMASIRAN, 0.5 MG	-	-	10/1/2026	Fee Schedule	$336.64
J0225	INJ, VUTRISIRAN, 1 MG	-	-	10/1/2026	Fee Schedule	$5,008.94
J0256	ALPHA 1 PROTEINASE INHIBITOR	-	-	10/1/2026	Fee Schedule	$5.08
J0257	GLASSIA INJECTION	-	-	10/1/2026	Fee Schedule	$5.64
J0278	AMIKACIN SULFATE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J0280	AMINOPHYLLIN 250 MG INJ	-	-	1/1/2024	No Separate Payment	$0.00
J0282	AMIODARONE HCL	-	-	1/1/2024	No Separate Payment	$0.00
J0283	INJ, AMIODARONE (NEXTERONE)	-	-	10/1/2025	No Separate Payment	$0.00
J0285	AMPHOTERICIN B	-	-	1/1/2024	No Separate Payment	$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX	-	-	7/1/2025	Fee Schedule	$10.30
J0289	AMPHOTERICIN B LIPOSOME INJ	-	-	10/1/2026	Fee Schedule	$17.85
J0290	AMPICILLIN 500 MG INJ	-	-	7/1/2018	No Separate Payment	$0.00
J0291	INJ., PLAZOMICIN, 5 MG	-	-	10/1/2026	Fee Schedule	$3.52
J0295	AMPICILLIN SULBACTAM 1.5 GM	-	-	7/1/2018	No Separate Payment	$0.00
J0300	AMOBARBITAL 125 MG INJ	-	-	1/1/2025	No Separate Payment	$0.00
J0330	SUCCINYCHOLINE CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J0348	ANIDULAFUNGIN INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J0349	INJ, REZAFUNGIN, 1 MG	-	-	10/1/2026	Fee Schedule	$11.18
J0360	HYDRALAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J0364	APOMORPHINE HYDROCHLORIDE	-	-	1/1/2023	Not Allowed	$0.00
J0390	CHLOROQUINE INJECTION	-	-	10/1/2024	No Separate Payment	$0.00
J0391	INJ, ARTESUNATE, 1MG	-	-	7/1/2025	Fee Schedule	$51.83
J0400	ARIPIPRAZOLE INJECTION	-	-	10/1/2024	No Separate Payment	$0.00
J0401	INJ, ABILIFY MAINTENA, 1 MG	-	-	10/1/2026	Fee Schedule	$7.46
J0402	INJ, ABILIFY ASIMTUFII, 1 MG	-	-	10/1/2026	Fee Schedule	$6.19
J0456	AZITHROMYCIN	-	-	1/1/2024	No Separate Payment	$0.00
J0457	INJECTION, AZTREONAM, 100 MG	-	-	1/1/2025	No Separate Payment	$0.00
J0458	AZTREONAM/AVIBACTAM 10 MG	-	-	10/1/2026	Fee Schedule	$1.76
J0461	ATROPINE SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J0462	ATROPINE SULF, NTE, 0.01 MG	-	-	1/1/2026	Not Allowed	$0.00
J0463	INJ ATROPINE (FRESENIUS TE)	-	-	10/1/2026	Not Allowed	$0.00
J0470	DIMECAPROL INJECTION	-	-	1/1/2026	No Separate Payment	$0.00
J0475	BACLOFEN 10 MG INJECTION	-	-	10/1/2026	Fee Schedule	$187.00
J0476	BACLOFEN INTRATHECAL TRIAL	-	-	1/1/2024	No Separate Payment	$0.00
J0480	BASILIXIMAB	-	-	10/1/2026	Fee Schedule	$4,917.63
J0485	BELATACEPT INJECTION	-	-	10/1/2026	Fee Schedule	$3.88
J0490	BELIMUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$58.33
J0491	INJ ANIFROLUMAB-FNIA 1MG	-	-	10/1/2026	Fee Schedule	$18.46
J0500	DICYCLOMINE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J0515	INJ BENZTROPINE MESYLATE	-	-	7/1/2018	No Separate Payment	$0.00
J0517	INJ., BENRALIZUMAB, 1 MG	-	-	10/1/2026	Fee Schedule	$165.08
J0520	BETHANECHOL CHLORIDE INJECT	-	-	1/1/2024	Not Allowed	$0.00
J0525	INJ CEFOTETAN DISODIUM 10 MG	-	-	1/1/2026	Not Allowed	$0.00
J0528	INJ FOSFOMYCIN DISODIUM 20MG	-	-	7/1/2026	Fee Schedule	$0.63
J0558	PENG BENZATHINE/PROCAINE INJ	-	-	10/1/2025	Fee Schedule	$19.52
J0561	PENICILLIN G BENZATHINE INJ	-	-	10/1/2026	Fee Schedule	$25.61
J0565	INJ, BEZLOTOXUMAB, 10 MG	-	-	10/1/2025	Fee Schedule	$39.83
J0567	INJ., CERLIPONASE ALFA 1 MG	-	-	10/1/2026	Fee Schedule	$124.22
J0570	BUPRENORPHINE IMPLANT 74.2MG	-	-	1/1/2026	Not Allowed	$0.00
J0577	INJ, BRIXADI, 7 DAYS OR LESS	-	Y	10/1/2026	Fee Schedule	$433.17
J0578	INJ,BRIXADI, MORE THAN 7 DAY	-	Y	10/1/2026	Fee Schedule	$1,732.67
J0582	BIVALIRUDIN (ENDO) 1 MG	-	-	1/1/2026	Not Allowed	$0.00
J0583	BIVALIRUDIN	-	-	7/1/2018	No Separate Payment	$0.00
J0584	INJECTION, BUROSUMAB-TWZA 1M	-	-	10/1/2026	Fee Schedule	$516.85

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J0585	INJECTION,ONABOTULINUMTOXINA	-	-	7/1/2026	Fee Schedule	$6.51
J0586	ABOBOTULINUMTOXINA	-	-	10/1/2026	Fee Schedule	$8.94
J0587	INJ, RIMABOTULINUMTOXINB	-	-	10/1/2026	Fee Schedule	$13.30
J0588	INCOBOTULINUMTOXIN A	-	-	10/1/2026	Fee Schedule	$5.26
J0589	INJ DAXIBOTULINUMTOXINA-LANM	-	-	10/1/2026	Fee Schedule	$3.25
J0592	BUPRENORPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	$0.00
J0593	INJ., LANADELUMAB-FLYO, 1 MG	-	-	10/1/2026	Fee Schedule	$88.34
J0594	BUSULFAN INJECTION	-	-	10/1/2026	Fee Schedule	$0.84
J0595	BUTORPHANOL TARTRATE 1 MG	-	-	7/1/2018	No Separate Payment	$0.00
J0596	INJECTION, RUCONEST	-	-	10/1/2026	Fee Schedule	$37.81
J0597	C-1 ESTERASE, BERINERT	-	-	10/1/2026	Fee Schedule	$79.33
J0598	C-1 ESTERASE, CINRYZE	-	-	10/1/2026	Fee Schedule	$67.07
J0599	INJ., HAEGARDA 10 UNITS	-	-	10/1/2025	Fee Schedule	$11.73
J0600	EDETATE CALCIUM DISODIUM INJ	-	-	10/1/2026	Fee Schedule	$6,273.87
J0606	INJ, ETELCALCETIDE, 0.1 MG	-	-	10/1/2026	Fee Schedule	$2.46
J0612	INJ, CALCIUM GLUCONATE, NOS	-	-	1/1/2025	No Separate Payment	$0.00
J0613	CALCIUM GLUCON (WG CRITICAL)	-	-	1/1/2025	No Separate Payment	$0.00
J0614	INJ, TREOSULFAN, 50 MG	-	-	10/1/2026	Fee Schedule	$32.33
J0620	CALCIUM GLYCER & LACT/10 ML	-	-	7/1/2018	No Separate Payment	$0.00
J0630	CALCITONIN SALMON INJECTION	-	-	10/1/2025	Fee Schedule	$484.97
J0636	INJ CALCITRIOL PER 0.1 MCG	-	-	7/1/2018	No Separate Payment	$0.00
J0637	CASPOFUNGIN ACETATE	-	-	1/1/2024	No Separate Payment	$0.00
J0638	CANAKINUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$156.95
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG	-	-	1/1/2025	No Separate Payment	$0.00
J0642	INJECTION, KHAPZORY, 0.5 MG	-	-	1/1/2025	No Separate Payment	$0.00
J0643	INJ LEUCOVORIN CALCIUM 1 MG	-	-	10/1/2026	Not Allowed	$0.00
J0644	INJ, LEUCOVORIN CAL (AVYXA)	-	-	10/1/2026	Not Allowed	$0.00
J0650	INJ, LEVOTHYROXINE NOS 10MCG	-	-	1/1/2025	No Separate Payment	$0.00
J0651	INJ, LEVOTHYROXINE, FRESKABI	-	-	10/1/2026	Fee Schedule	$7.08
J0652	INJ, LEVOTHYROXINE, HIKMA	-	-	1/1/2026	No Separate Payment	$0.00
J0654	INJ, LIOTHYRONINE, 1 MCG	-	-	10/1/2026	Fee Schedule	$41.49
J0665	INJ, BUPIVACAINE, NOS, 0.5MG	-	-	1/1/2025	No Separate Payment	$0.00
J0666	INJ, BUPIVACAINE LIPOSOME	-	-	10/1/2026	Fee Schedule	$1.43
J0668	INSTILL, BUPIVAC AND MELOXIC	-	-	10/1/2026	Fee Schedule	$0.85
J0670	INJ MEPIVACAINE HCL/10 ML	-	-	7/1/2018	No Separate Payment	$0.00
J0675	INJ, CARBOPROST, 0.1 MG	-	-	10/1/2026	Fee Schedule	$17.61
J0681	INJ CEFTOBIPOLE MEDOCARL 3MG	-	-	7/1/2026	Fee Schedule	$1.10
J0687	INJ CEFAZOLIN (WG CRIT CARE)	-	-	1/1/2026	No Separate Payment	$0.00
J0688	INJ CEFAZOLIN SODIUM, HIKMA	-	-	1/1/2026	No Separate Payment	$0.00
J0689	INJ CEFAZOLIN SODIUM, BAXTER	-	-	1/1/2025	No Separate Payment	$0.00
J0690	CEFAZOLIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J0691	INJ LEFAMULIN 1 MG	-	-	1/1/2026	No Separate Payment	$0.00
J0692	CEFEPIME HCL FOR INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J0694	CEFOXITIN SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J0695	INJ CEFTOLOZANE TAZOBACTAM	-	-	10/1/2026	Fee Schedule	$10.02
J0696	CEFTRIAXONE SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J0697	STERILE CEFUROXIME INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J0698	CEFOTAXIME SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J0699	INJ, CEFIDEROCOL, 10 MG	-	-	10/1/2026	Fee Schedule	$2.56
J0701	INJ. CEFEPIME HCL (BAXTER)	-	-	1/1/2025	No Separate Payment	$0.00
J0702	BETAMETHASONE ACET&SOD PHOSP	-	-	7/1/2018	No Separate Payment	$0.00
J0703	INJ, CEFEPIME HCL (B BRAUN)	-	-	1/1/2025	No Separate Payment	$0.00
J0706	CAFFEINE CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J0712	CEFTAROLINE FOSAMIL INJ	-	-	10/1/2026	Fee Schedule	$4.01

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J0713	INJ CEFTAZIDIME PER 500 MG	-	-	1/1/2024	No Separate Payment	$0.00
J0714	CEFTAZIDIME AND AVIBACTAM	-	-	10/1/2026	Fee Schedule	$109.45
J0716	CENTRUROIDES IMMUNE F(AB)	-	-	10/1/2025	Fee Schedule	$4,871.94
J0717	CERTOLIZUMAB PEGOL INJ 1MG	-	-	10/1/2026	Fee Schedule	$3.14
J0720	CHLORAMPHENICOL SODIUM INJEC	-	-	1/1/2026	Fee Schedule	$50.26
J0725	CHORIONIC GONADOTROPIN/1000U	-	-	1/1/2024	No Separate Payment	$0.00
J0735	CLONIDINE HYDROCHLORIDE	-	-	1/1/2024	No Separate Payment	$0.00
J0736	INJ, CLINDAMYCIN PHOSP 300MG	-	-	1/1/2025	No Separate Payment	$0.00
J0737	INJ, CLINDAMYCIN (BAXTER)	-	-	1/1/2025	No Separate Payment	$0.00
J0738	HIV PREP, INJ, LENACAPAVIR	-	-	10/1/2026	Fee Schedule	$16.02
J0739	HIV PREP, INJ CABOTEGRAVIR	-	-	10/1/2026	Fee Schedule	$7.28
J0740	CIDOFOVIR INJECTION	-	-	10/1/2026	Fee Schedule	$522.24
J0741	INJ, CABOTE RILPIVIR 2MG 3MG	-	-	10/1/2026	Fee Schedule	$24.65
J0742	INJ IMIP 4 CILAS 4 RELEB 2MG	-	-	1/1/2026	No Separate Payment	$0.00
J0743	CILASTATIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J0744	CIPROFLOXACIN IV	-	-	1/1/2024	No Separate Payment	$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG	-	-	10/1/2024	No Separate Payment	$0.00
J0750	HIV PREP, FTC/TDF 200/300MG	-	-	10/1/2026	Fee Schedule	$0.45
J0751	HIV PREP, FTC/TAF 200/25MG	-	-	10/1/2026	Fee Schedule	$74.94
J0752	HIV PREP, ORAL LENACAPAVIR	-	-	10/1/2026	Fee Schedule	$617.95
J0759	INJ, CLEVIDIPINE, 1 MG	-	-	10/1/2026	Fee Schedule	$2.95
J0770	COLISTIMETHATE SODIUM INJ	-	-	7/1/2018	No Separate Payment	$0.00
J0775	COLLAGENASE, CLOST HIST INJ	-	-	10/1/2026	Fee Schedule	$81.07
J0780	PROCHLORPERAZINE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J0791	INJ CRIZANLIZUMAB-TMCA 5MG	-	-	10/1/2026	Fee Schedule	$129.95
J0799	HIV PREP, FDA APPROVED, NOC	-	-	1/1/2025	Not Allowed	$0.00
J0801	INJ. ACTHAR GEL TO 40 UNITS	-	-	10/1/2026	Fee Schedule	$3,884.27
J0802	INJ. (ANI), UP TO 40 UNITS	-	-	10/1/2026	Fee Schedule	$3,646.46
J0834	INJ., COSYNTROPIN, 0.25 MG	-	-	7/1/2018	No Separate Payment	$0.00
J0840	CROTALIDAE POLY IMMUNE FAB	-	-	10/1/2026	Fee Schedule	$2,044.38
J0841	INJ CROTALIDAE IM F(AB')2 EQ	-	-	10/1/2026	Fee Schedule	$1,084.91
J0850	CYTOMEGALOVIRUS IMM IV /VIAL	-	-	10/1/2026	Fee Schedule	$1,857.13
J0870	INJECTION, IMETELSTAT, 1 MG	-	-	10/1/2026	Fee Schedule	$59.36
J0871	INJ, DAPTOMYCIN (ENDO) 1MG	-	-	10/1/2026	Not Allowed	$0.00
J0872	DAPTOMYCIN (XELLIA) UNREFRIG	-	-	1/1/2026	No Separate Payment	$0.00
J0873	INJ, DAPTOMYCIN (XELLIA)	-	-	1/1/2026	No Separate Payment	$0.00
J0874	INJ, DAPTOMYCIN (BAXTER)	-	-	10/1/2025	No Separate Payment	$0.00
J0875	INJECTION, DALBAVANCIN	-	-	10/1/2026	Fee Schedule	$9.44
J0877	INJ, DAPTOMYCIN (HOSPIRA)	-	-	1/1/2025	No Separate Payment	$0.00
J0878	DAPTOMYCIN INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J0879	DIFELIKEFALIN, ESRD ON DIALY	-	-	10/1/2024	No Separate Payment	$0.00
J0881	DARBEPOETIN ALFA, NON-ESRD	-	-	10/1/2026	Fee Schedule	$3.08
J0882	DARBEPOETIN ALFA, ESRD USE	-	-	10/1/2026	Fee Schedule	$3.08
J0883	ARGATROBAN NONESRD USE 1MG	-	-	10/1/2026	Fee Schedule	$0.77
J0884	ARGATROBAN ESRD DIALYSIS 1MG	-	-	1/1/2025	No Separate Payment	$0.00
J0885	EPOETIN ALFA, NON-ESRD	-	-	10/1/2026	Fee Schedule	$6.67
J0887	EPOETIN BETA ESRD USE	-	-	1/1/2025	No Separate Payment	$0.00
J0888	EPOETIN BETA NON ESRD	-	-	1/1/2026	No Separate Payment	$0.00
J0891	ARGATROBAN NONESRD (ACCORD)	-	-	10/1/2026	No Separate Payment	$0.00
J0892	ARGATROBAN DIALYSIS (ACCORD)	-	-	1/1/2026	No Separate Payment	$0.00
J0893	INJ, DECITABINE (SUN PHARMA)	-	-	1/1/2025	No Separate Payment	$0.00
J0894	DECITABINE INJECTION	-	-	1/1/2023	No Separate Payment	$0.00
J0895	DEFEROXAMINE MESYLATE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J0896	INJ LUSPATERCEPT-AAMT 0.25MG	-	-	10/1/2026	Fee Schedule	$43.48

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J0897	DENOSUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$29.86
J0898	ARGATROBAN NONESRD (AUROMED)	-	-	1/1/2026	No Separate Payment	$0.00
J0899	ARGATROBAN DIALYSIS, AUROMED	-	-	1/1/2025	No Separate Payment	$0.00
J0911	INST TAURO 1.35MG/HEP 100U	-	-	10/1/2026	Fee Schedule	$3.55
J0945	BROMPHENIRAMINE MALEATE INJ	-	-	1/1/2023	Not Allowed	$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J1010	INJ, METHYLPRED ACETATE 1 MG	-	-	1/1/2026	No Separate Payment	$0.00
J1050	MEDROXYPROGESTERONE ACETATE	-	-	7/1/2018	No Separate Payment	$0.00
J1071	INJ TESTOSTERONE CYPIONATE	-	-	7/1/2018	No Separate Payment	$0.00
J1072	INJ, TESTOSTERONE, AZMIRO	-	-	10/1/2026	Fee Schedule	$1.30
J1073	TESTOSTERONE PELLET 75 MG	-	-	10/1/2026	Fee Schedule	$73.10
J1095	INJECTION, DEXAMETHASONE 9%	-	-	1/1/2023	No Separate Payment	$0.00
J1096	DEXAMETHA OPTH INSERT 0.1 MG	-	-	10/1/2026	Fee Schedule	$87.90
J1097	PHENYLEP KETOROLAC OPTH SOLN	-	-	10/1/2026	Fee Schedule	$96.06
J1098	ARTICAINE OPHTHALMI 8% 0.4ML	-	-	10/1/2026	Not Allowed	$0.00
J1100	DEXAMETHASONE SODIUM PHOS	-	-	7/1/2018	No Separate Payment	$0.00
J1105	DEXMEDETOMIDINE FILM, 1 MCG	-	-	10/1/2025	Fee Schedule	$0.71
J1110	INJ DIHYDROERGOTAMINE MESYLT	-	-	1/1/2024	No Separate Payment	$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO	-	-	7/1/2018	No Separate Payment	$0.00
J1130	INJ DICLOFENAC SODIUM 0.5MG	-	-	1/1/2026	No Separate Payment	$0.00
J1160	DIGOXIN INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)	-	-	10/1/2026	Fee Schedule	$5,711.37
J1164	INJ DILTIAZEM IN 0.72% NACL	-	-	10/1/2026	Not Allowed	$0.00
J1165	PHENYTOIN SODIUM INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J1171	INJ, HYDROMORPHONE, 0.1 MG	-	-	7/1/2025	No Separate Payment	$0.00
J1180	DYPHYLLINE INJECTION	-	-	1/1/2023	Not Allowed	$0.00
J1190	DEXRAZOXANE HCL INJECTION	-	-	10/1/2026	Fee Schedule	$30.83
J1200	DIPHENHYDRAMINE HCL INJECTIO	-	-	7/1/2018	No Separate Payment	$0.00
J1201	INJ. CETIRIZINE HCL 0.5MG	-	-	10/1/2026	Fee Schedule	$17.07
J1203	INJ, CIPAGLUCOSIDASE, 5 MG	-	-	10/1/2026	Fee Schedule	$96.49
J1205	CHLOROTHIAZIDE SODIUM INJ	-	-	7/1/2018	No Separate Payment	$0.00
J1212	DIMETHYL SULFOXIDE 50% 50 ML	-	-	10/1/2026	Fee Schedule	$748.81
J1230	METHADONE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J1240	DIMENHYDRINATE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J1245	DIPYRIDAMOLE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J1250	INJ DOBUTAMINE HCL/250 MG	-	-	1/1/2024	No Separate Payment	$0.00
J1260	DOLASETRON MESYLATE	-	-	1/1/2024	No Separate Payment	$0.00
J1265	DOPAMINE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J1270	INJECTION, DOXERCALCIFEROL	-	-	7/1/2018	No Separate Payment	$0.00
J1289	NARSOPLIMAB-WUUG, 1 MG	-	-	10/1/2026	Fee Schedule	$105.44
J1290	ECALLANTIDE INJECTION	-	-	10/1/2026	Fee Schedule	$599.62
J1299	INJ, ECULIZUMAB, 2 MG	-	-	10/1/2026	Fee Schedule	$43.76
J1301	INJECTION, EDARAVONE, 1 MG	-	-	10/1/2026	Fee Schedule	$6.38
J1302	INJ, SUTIMLIMAB-JOME, 10 MG	-	-	10/1/2026	Fee Schedule	$20.13
J1303	INJ., RAVULIZUMAB-CWVZ 10 MG	-	-	10/1/2026	Fee Schedule	$226.45
J1304	INJ TOFERSEN INTRATHEC 1 MG	-	-	10/1/2026	Fee Schedule	$164.81
J1305	INJ, EVINACUMAB-DGNB, 5MG	-	-	10/1/2026	Fee Schedule	$202.57
J1306	INJECTION, INCLISIRAN, 1 MG	-	-	10/1/2026	Fee Schedule	$12.90
J1307	INJ, CROVALIMAB-AKKZ, 10 MG	-	-	7/1/2025	Fee Schedule	$551.51
J1320	AMITRIPTYLINE INJECTION	-	-	1/1/2026	No Separate Payment	$0.00
J1322	ELOSULFASE ALFA, INJECTION	-	-	10/1/2026	Fee Schedule	$320.78
J1323	INJ, ELRANATAMAB-BCMM, 1 MG	-	-	10/1/2026	Fee Schedule	$191.31
J1324	ENFUVIRTIDE INJECTION	-	-	1/1/2024	Not Allowed	$0.00
J1325	EPOPROSTENOL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00

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J1326	INJ, ZOLBETUXIMAB-CLZB, 2 MG	-	-	10/1/2026	Fee Schedule	$33.92
J1327	EPTIFIBATIDE INJECTION	-	-	10/1/2026	Fee Schedule	$2.75
J1335	ERTAPENEM INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG	-	-	1/1/2025	No Separate Payment	$0.00
J1370	INJ, ESOMEPRAZOLE SOD, 1 MG	-	-	1/1/2026	Not Allowed	$0.00
J1380	ESTRADIOL VALERATE 10 MG INJ	-	-	1/1/2024	No Separate Payment	$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG	-	-	10/1/2026	Fee Schedule	$402.13
J1426	INJECTION, CASIMERSEN, 10 MG	-	-	10/1/2026	Fee Schedule	$166.17
J1427	INJ. VILTOLARSEN	-	-	1/1/2026	No Separate Payment	$0.00
J1428	INJ, ETEPLIRSEN, 10 MG	-	-	10/1/2026	Fee Schedule	$167.45
J1429	INJ GOLODIRSEN 10 MG	-	-	1/1/2026	No Separate Payment	$0.00
J1430	ETHANOLAMINE OLEATE 100 MG	-	-	10/1/2026	Fee Schedule	$533.77
J1434	INJ, FOCINVEZ, 1MG	-	-	10/1/2026	Fee Schedule	$2.23
J1435	INJECTION ESTRONE PER 1 MG	-	-	1/1/2024	Not Allowed	$0.00
J1436	ETIDRONATE DISODIUM INJ	-	-	7/1/2018	No Separate Payment	$0.00
J1437	INJ. FE DERISOMALTOSE 10 MG	-	-	10/1/2026	Fee Schedule	$21.88
J1438	ETANERCEPT INJECTION	-	-	10/1/2025	Fee Schedule	$1,080.88
J1439	INJ FERRIC CARBOXYMALTOS 1MG	-	-	10/1/2026	Fee Schedule	$1.12
J1440	FECAL MICROBIOTA JSLM 1 ML	-	-	10/1/2026	Fee Schedule	$65.83
J1442	INJ FILGRASTIM EXCL BIOSIMIL	-	-	10/1/2026	Fee Schedule	$0.99
J1447	INJ TBO FILGRASTIM 1 MICROG	-	-	10/1/2026	Fee Schedule	$0.28
J1448	INJECTION, TRILACICLIB, 1MG	-	-	10/1/2026	Fee Schedule	$6.00
J1449	INJ EFLAPEGRASTIM-XNST 0.1MG	-	-	10/1/2026	Fee Schedule	$37.42
J1450	FLUCONAZOLE	-	-	1/1/2024	No Separate Payment	$0.00
J1451	FOMEPIZOLE, 15 MG	-	-	10/1/2026	Fee Schedule	$6.14
J1453	FOSAPREPITANT INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J1454	INJ FOSNETUPITANT, PALONOSET	-	-	10/1/2026	Fee Schedule	$479.90
J1455	FOSCARNET SODIUM INJECTION	-	-	1/1/2026	No Separate Payment	$0.00
J1456	INJ, FOSAPREPITANT (TEVA)	-	-	7/1/2026	Fee Schedule	$0.04
J1458	GALSULFASE INJECTION	-	-	10/1/2026	Fee Schedule	$529.58
J1459	INJ IVIG PRIVIGEN 500 MG	-	-	10/1/2026	Fee Schedule	$48.96
J1460	GAMMA GLOBULIN 1 CC INJ	-	-	7/1/2026	Fee Schedule	$48.95
J1551	INJ CUTAQUIG 100 MG	-	-	10/1/2026	Fee Schedule	$14.17
J1552	INJ, ALYGLO, 500 MG	-	-	10/1/2026	Fee Schedule	$120.04
J1553	INJ YIMMUGO 100 MG	-	-	10/1/2026	Not Allowed	$24.32
J1554	INJ. ASCENIV	-	-	10/1/2026	Fee Schedule	$508.45
J1555	INJ CUVITRU, 100 MG	-	-	10/1/2026	Fee Schedule	$17.99
J1556	INJ, IMM GLOB BIVIGAM, 500MG	-	-	10/1/2026	Fee Schedule	$80.79
J1557	GAMMAPLEX INJECTION	-	-	10/1/2026	Fee Schedule	$62.30
J1558	INJ. XEMBIFY, 100 MG	-	-	10/1/2026	Fee Schedule	$15.20
J1559	HIZENTRA INJECTION	-	-	10/1/2026	Fee Schedule	$14.79
J1560	GAMMA GLOBULIN > 10 CC INJ	-	-	10/1/2026	Fee Schedule	$118.15
J1561	GAMUNEX-C/GAMMAKED	-	-	10/1/2026	Fee Schedule	$48.02
J1566	IMMUNE GLOBULIN, POWDER	-	-	10/1/2026	Fee Schedule	$82.76
J1568	OCTAGAM INJECTION	-	-	10/1/2026	Fee Schedule	$47.13
J1569	GAMMAGARD LIQUID INJECTION	-	-	10/1/2026	Fee Schedule	$49.50
J1570	GANCICLOVIR SODIUM INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J1571	HEPAGAM B IM INJECTION	-	-	10/1/2026	Fee Schedule	$71.59
J1572	FLEBOGAMMA INJECTION	-	-	1/1/2026	Fee Schedule	$90.74
J1573	HEPAGAM B INTRAVENOUS, INJ	-	-	10/1/2026	Fee Schedule	$71.59
J1574	INJ, GANCICLOVIR (EXELA)	-	-	1/1/2024	Not Allowed	$0.00
J1575	HYQVIA 100MG IMMUNEGLOBULIN	-	-	10/1/2026	Fee Schedule	$19.29
J1576	INJ, PANZYGA, 500 MG	-	-	10/1/2026	Fee Schedule	$70.25
J1577	INJ, QIVIGY, 100MG	-	-	10/1/2026	Fee Schedule	$29.28

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J1580	GARAMYCIN GENTAMICIN INJ	-	-	7/1/2018	No Separate Payment	$0.00
J1595	INJECTION GLATIRAMER ACETATE	-	-	10/1/2025	Fee Schedule	$167.31
J1596	INJ, GLYCOPYRROLATE, 0.1 MG	-	-	1/1/2026	No Separate Payment	$0.00
J1597	INJ GLYCOPYRROLATE, GLYRX-PF	-	-	7/1/2024	No Separate Payment	$0.00
J1598	INJ GLYCOPYRROLATE FRES KABI	-	-	1/1/2026	No Separate Payment	$0.00
J1599	IVIG NON-LYOPHILIZED, NOS	-	-	1/1/2024	No Separate Payment	$0.00
J1600	GOLD SODIUM THIOMALEATE INJ	-	-	1/1/2023	Not Allowed	$0.00
J1602	GOLIMUMAB FOR IV USE 1MG	-	-	10/1/2026	Fee Schedule	$10.98
J1610	GLUCAGON HYDROCHLORIDE/1 MG	-	-	10/1/2026	Fee Schedule	$105.49
J1611	INJ GLUCAGON HCL, FRESENIUS	-	-	10/1/2026	Fee Schedule	$134.89
J1612	INJ GLUCAGON (GVOKE) 0.01 MG	-	-	10/1/2026	Fee Schedule	$1.80
J1626	GRANISETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J1627	INJ, GRANISETRON, XR, 0.1 MG	-	-	10/1/2026	Fee Schedule	$2.91
J1628	INJ., GUSELKUMAB, 1 MG	-	-	10/1/2026	Fee Schedule	$67.00
J1630	HALOPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J1631	HALOPERIDOL DECANOATE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J1632	INJ., BREXANOLONE, 1 MG	-	-	1/1/2025	No Separate Payment	$0.00
J1640	HEMIN, 1 MG	-	-	10/1/2026	Fee Schedule	$36.05
J1642	INJ HEPARIN SODIUM PER 10 U	-	-	7/1/2018	No Separate Payment	$0.00
J1643	INJ HEPARIN, PFIZER, 1000U	-	-	1/1/2025	No Separate Payment	$0.00
J1644	INJ HEPARIN SODIUM PER 1000U	-	-	1/1/2024	No Separate Payment	$0.00
J1645	DALTEPARIN SODIUM	-	-	7/1/2018	No Separate Payment	$0.00
J1650	INJ ENOXAPARIN SODIUM	-	-	1/1/2024	No Separate Payment	$0.00
J1652	FONDAPARINUX SODIUM	-	-	1/1/2024	No Separate Payment	$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ	-	-	10/1/2026	Fee Schedule	$600.64
J1680	HUMAN FIBRINOGEN CONC INJ	-	-	7/1/2018	Not Allowed	$0.00
J1700	HYDROCORTISONE ACETATE INJ	-	-	1/1/2024	No Separate Payment	$0.00
J1720	HYDROCORTISONE SODIUM SUCC I	-	-	1/1/2024	No Separate Payment	$0.00
J1726	MAKENA, 10 MG	-	-	4/1/2025	Fee Schedule	$13.82
J1729	INJ HYDROXYPROGST CAPOAT NOS	-	-	1/1/2026	No Separate Payment	$0.00
J1730	DIAZOXIDE INJECTION	-	-	1/1/2023	Not Allowed	$0.00
J1736	INJ MELOXICAM (DELOVA) 1MG	-	-	1/1/2026	Not Allowed	$0.00
J1737	INJ MELOXICAM (AZURITY) 1MG	-	-	1/1/2026	Fee Schedule	$1.06
J1738	INJ. MELOXICAM 1 MG	-	-	10/1/2024	No Separate Payment	$0.00
J1740	IBANDRONATE SODIUM INJECTION	-	-	10/1/2024	No Separate Payment	$0.00
J1741	IBUPROFEN INJECTION	-	-	10/1/2026	Fee Schedule	$3.27
J1742	IBUTILIDE FUMARATE INJECTION	-	-	10/1/2026	Fee Schedule	$129.36
J1743	IDURSULFASE INJECTION	-	-	10/1/2026	Fee Schedule	$572.17
J1744	ICATIBANT INJECTION	-	-	10/1/2025	Fee Schedule	$130.39
J1745	INFLIXIMAB NOT BIOSIMIL 10MG	-	-	10/1/2026	Fee Schedule	$29.86
J1746	INJ., IBALIZUMAB-UIYK, 10 MG	-	-	10/1/2026	Fee Schedule	$80.00
J1747	INJ, SPESOLIMAB-SBZO, 1 MG	-	-	10/1/2025	Fee Schedule	$65.73
J1748	INJ, ZYMFENTRA, 10 MG	-	-	1/1/2026	Fee Schedule	$99.76
J1749	INJ, ILOPROST, 0.1 MCG	-	-	10/1/2025	No Separate Payment	$0.00
J1750	INJ IRON DEXTRAN	-	-	10/1/2026	Fee Schedule	$19.01
J1756	IRON SUCROSE INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J1757	INJ TIVIDENO ALFA-EKNM 1	-	-	10/1/2026	Not Allowed	$0.00
J1786	IMUGLUCERASE INJECTION	-	-	10/1/2026	Fee Schedule	$43.20
J1790	DROPERIDOL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J1800	PROPRANOLOL INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J1805	INJ, ESMOLOL HCL, 10MG	-	-	1/1/2025	No Separate Payment	$0.00
J1806	INJ ESMOLOL HCL WG CRIT CARE	-	-	1/1/2025	No Separate Payment	$0.00
J1807	INJ, ETHACRYNATE SOD, 1 MG	-	-	10/1/2026	Fee Schedule	$9.94
J1809	INJ, FOSDENOPTERIN, 0.1MG	-	-	10/1/2026	Fee Schedule	$17.74

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J1811	FIASP FOR INSULIN PUMP USE	-	-	1/1/2026	No Separate Payment	$0.00
J1812	INJ. INSULIN (FIASP)	-	-	1/1/2024	No Separate Payment	$0.00
J1813	LYUMJEV FOR INSULIN PUMP USE	-	-	1/1/2025	No Separate Payment	$0.00
J1814	INJ. INSULIN (LYUMJEV)	-	-	10/1/2025	No Separate Payment	$0.00
J1815	INSULIN INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J1817	INSULIN FOR INSULIN PUMP USE	-	-	1/1/2024	No Separate Payment	$0.00
J1818	INJ PEGZILARGINASE-NBLN	-	-	10/1/2026	Not Allowed	$0.00
J1823	INJ. INEBILIZUMAB-CDON, 1 MG	-	-	10/1/2026	Fee Schedule	$511.57
J1826	INTERFERON BETA-1A INJ	-	-	1/1/2025	Fee Schedule	$2,203.14
J1830	INTERFERON BETA-1B / .25 MG	-	-	1/1/2024	Not Allowed	$0.00
J1833	INJECTION, ISAVUCONAZONIUM	-	-	10/1/2026	Fee Schedule	$1.04
J1834	INJ, ISONIAZID, 1 MG	-	-	7/1/2026	Fee Schedule	$0.30
J1835	ITRACONAZOLE INJECTION	-	-	1/1/2023	Not Allowed	$0.00
J1836	INJ, METRONIDAZOLE, 10 MG	-	-	1/1/2025	No Separate Payment	$0.00
J1837	INJ, POSACONAZOLE, 1 MG	-	-	10/1/2026	Fee Schedule	$0.39
J1850	KANAMYCIN SULFATE 75 MG INJ	-	-	4/1/2024	Not Allowed	$0.00
J1885	KETOROLAC TROMETHAMINE INJ	-	-	10/1/2026	Fee Schedule	$0.57
J1920	INJ, LABETALOL HCL, 5MG	-	-	1/1/2025	No Separate Payment	$0.00
J1921	INJ LABETALOL HCL HIKMA, 5MG	-	-	1/1/2025	No Separate Payment	$0.00
J1930	LANREOTIDE INJECTION	-	-	10/1/2026	Fee Schedule	$41.69
J1931	LARONIDASE INJECTION	-	-	10/1/2026	Fee Schedule	$41.50
J1932	INJ, LANREOTIDE, (CIPLA) 1MG	-	-	10/1/2026	Fee Schedule	$20.33
J1939	INJ, BUMETANIDE, 0.5 MG	-	-	1/1/2026	No Separate Payment	$0.00
J1943	INJ., ARISTADA INITIO, 1 MG	-	-	10/1/2026	Fee Schedule	$3.46
J1944	ARIPIPRAZOLE LAUROXIL 1 MG	-	-	10/1/2026	Fee Schedule	$3.55
J1946	INJ, FUROSE LASIX ONYU, 1 MG	-	-	10/1/2026	Not Allowed	$0.00
J1947	INJ, FUROSCIX, 1 MG	-	-	10/1/2026	Not Allowed	$0.00
J1950	LEUPROLIDE ACETATE /3.75 MG	-	-	10/1/2026	Fee Schedule	$1,799.05
J1951	INJ FENSOLVI 0.25 MG	-	-	10/1/2026	Fee Schedule	$141.70
J1952	LEUPROLIDE INJ, CAMCEVI, 1MG	-	-	10/1/2026	Fee Schedule	$36.37
J1954	INJ LEU ACET LUTR DPT 7.5 MG	-	-	10/1/2026	Fee Schedule	$683.86
J1956	LEVOFLOXACIN INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J1957	INJECTION LEVETIRACETAM 5 MG	-	-	10/1/2026	Not Allowed	$0.00
J1958	INJ LEVETIRAC SODI CHLO 5 MG	-	-	10/1/2026	Not Allowed	$0.00
J1960	LEVORPHANOL TARTRATE INJ	-	-	1/1/2025	Not Allowed	$0.00
J1961	INJ LENACAPAVIR (HIV TX) 1MG	-	-	10/1/2026	Fee Schedule	$22.94
J1980	HYOSCYAMINE SULFATE INJ	-	-	1/1/2024	No Separate Payment	$0.00
J1990	CHLORDIAZEPOXIDE INJECTION	-	-	1/1/2023	Not Allowed	$0.00
J2002	INJ, LIDOCAINE IN D5W, 1 MG	-	-	1/1/2026	No Separate Payment	$0.00
J2003	INJ, LIDOCAINE HCL, 1 MG	-	-	1/1/2025	No Separate Payment	$0.00
J2004	INJ, LIDOCAINE W EPINEPHRINE	-	-	1/1/2025	No Separate Payment	$0.00
J2010	LINCOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J2020	LINEZOLID INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2021	INJ, LINEZOLID (HOSPIRA)	-	-	1/1/2025	No Separate Payment	$0.00
J2060	LORAZEPAM INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2062	LOXAPINE FOR INHALATION 1 MG	-	-	10/1/2025	Fee Schedule	$15.90
J2151	INJ, MANNITOL, 250 MG	-	-	1/1/2026	Not Allowed	$0.00
J2170	MECASERMIN INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2175	MEPERIDINE HYDROCHL /100 MG	-	-	1/1/2024	No Separate Payment	$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ	-	-	1/1/2024	No Separate Payment	$0.00
J2182	INJECTION, MEPOLIZUMAB, 1MG	-	-	10/1/2026	Fee Schedule	$32.18
J2183	INJ MEROPENEM (WG CRIT CARE)	-	-	1/1/2026	No Separate Payment	$0.00
J2184	INJ, MEROPENEM (B. BRAUN)	-	-	7/1/2024	No Separate Payment	$0.00
J2185	MEROPENEM	-	-	1/1/2024	No Separate Payment	$0.00

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J2186	INJ., MEROPENEM, VABORBACTAM	-	-	10/1/2026	Fee Schedule	$2.27
J2210	METHYLERGONOVIN MALEATE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J2212	METHYLNALTREXONE INJECTION	-	-	1/1/2025	No Separate Payment	$0.00
J2246	INJ, MICAFUNGIN (BAXTER)	-	-	10/1/2025	No Separate Payment	$0.00
J2247	INJ, MICAFUNGIN (PAR PHARM)	-	-	1/1/2025	No Separate Payment	$0.00
J2248	MICAFUNGIN SODIUM INJECTION	-	-	1/1/2022	No Separate Payment	$0.00
J2249	INJ, REMIMAZOLAM, 1 MG	-	-	1/1/2024	No Separate Payment	$0.00
J2250	INJ MIDAZOLAM HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	$0.00
J2251	INJ MIDAZOLAM IN 0.9% NACL	-	-	7/1/2024	No Separate Payment	$0.00
J2252	INJ MIDAZOLAM IN 0.8% NACL	-	-	1/1/2025	No Separate Payment	$0.00
J2253	INJ MIDAZOLAM (SEIZALAM)	-	-	1/1/2025	No Separate Payment	$0.00
J2260	INJ MILRINONE LACTATE / 5 MG	-	-	1/1/2024	No Separate Payment	$0.00
J2265	MINOCYCLINE HYDROCHLORIDE	-	-	10/1/2026	Fee Schedule	$2.79
J2267	INJ, MIRIKIZUMAB-MRKZ, 1 MG	-	-	10/1/2026	Fee Schedule	$32.58
J2270	MORPHINE SULFATE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2272	INJ, MORPHINE (FRESENIUS)	-	-	7/1/2024	No Separate Payment	$0.00
J2274	INJ MORPHINE PF EPID ITHC	-	-	1/1/2024	No Separate Payment	$0.00
J2277	INJ, MOTIXAFORTIDE, 0.25 MG	-	-	7/1/2026	Fee Schedule	$26.48
J2278	ZICONOTIDE INJECTION	-	-	10/1/2026	Fee Schedule	$10.66
J2280	INJ, MOXIFLOXACIN 100 MG	-	-	7/1/2018	No Separate Payment	$0.00
J2281	INJ MOXIFLOXACIN (FRES KABI)	-	-	1/1/2025	No Separate Payment	$0.00
J2290	INJ, NAFCILLIN SODIUM, 20 MG	-	-	1/1/2025	No Separate Payment	$0.00
J2291	INJ, NAFCILLIN (BAXTER) 20MG	-	-	1/1/2026	Not Allowed	$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE	-	-	7/1/2018	No Separate Payment	$0.00
J2305	INJ, NITROGLYCERIN, 5 MG	-	-	1/1/2025	No Separate Payment	$0.00
J2315	NALTREXONE, DEPOT FORM	-	-	10/1/2026	Fee Schedule	$4.54
J2320	NANDROLONE DECANOATE 50 MG	-	-	1/1/2024	No Separate Payment	$0.00
J2323	NATALIZUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$23.93
J2326	INJ, NUSINERSEN, 0.1MG	-	-	10/1/2026	Fee Schedule	$706.05
J2327	INJ RISANKIZUMAB-RZAA 1 MG	-	-	10/1/2026	Fee Schedule	$14.01
J2329	INJ UBLITUXIMAB-XIIY, 1 MG	-	-	10/1/2026	Fee Schedule	$71.09
J2350	INJECTION, OCRELIZUMAB, 1 MG	-	-	10/1/2026	Fee Schedule	$60.69
J2351	INJ OCRELIZUMAB 1MG HYA-OCSQ	-	-	10/1/2026	Fee Schedule	$47.29
J2353	OCTREOTIDE INJECTION, DEPOT	-	-	10/1/2026	Fee Schedule	$211.32
J2354	OCTREOTIDE INJ, NON-DEPOT	-	-	1/1/2024	No Separate Payment	$0.00
J2355	OPRELVEKIN INJECTION	-	-	1/1/2023	Not Allowed	$0.00
J2356	INJ TEZEPELUMAB-EKKO, 1MG	-	-	10/1/2026	Fee Schedule	$17.84
J2357	OMALIZUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$45.69
J2358	OLANZAPINE LONG-ACTING INJ	-	-	1/1/2026	No Separate Payment	$0.00
J2359	INJ. OLANZAPINE, 0.5MG	-	-	1/1/2025	No Separate Payment	$0.00
J2360	ORPHENADRINE INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J2361	INJ DEPEMOKIMAB-ULAA 1 MG	-	Y	10/1/2026	Fee Schedule	$275.39
J2371	INJ PHENYLEPHRINE HCL 20 MCG	-	-	1/1/2024	No Separate Payment	$0.00
J2372	INJ, BIORPHEN, 20 MICROGRAMS	-	-	1/1/2025	No Separate Payment	$0.00
J2373	INJ, IMMPHENTIV, 20 MCG	-	-	1/1/2026	No Separate Payment	$0.00
J2374	APRACLONIDINE HCL OPHT 0.1ML	-	-	10/1/2026	Not Allowed	$0.00
J2401	CHLOROPROCAINE HCL INJECTION	-	-	1/1/2025	No Separate Payment	$0.00
J2402	CHLOROPROCAINE (CLOROTEKAL)	-	-	10/1/2025	No Separate Payment	$0.00
J2403	CHLOROPROCAINE OPHT GEL, 1MG	-	-	7/1/2026	No Separate Payment	$0.00
J2404	INJ, NICARDIPINE 0.1 MG	-	-	1/1/2024	No Separate Payment	$0.00
J2405	ONDANSETRON HCL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J2406	INJECTION, ORITAVANCIN 10 MG	-	-	10/1/2026	Fee Schedule	$44.39
J2407	INJECTION, ORITAVANCIN	-	-	10/1/2026	Fee Schedule	$29.81
J2410	OXYMORPHONE HCL INJECTION	-	-	1/1/2023	Not Allowed	$0.00

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J2425	PALIFERMIN INJECTION	-	-	10/1/2026	Fee Schedule	$38.84
J2426	INJ, INVEGA SUSTENNA, 1 MG	-	-	10/1/2026	Fee Schedule	$15.44
J2427	INJ, INVEGA HAFYERA/TRINZA	-	-	10/1/2026	Fee Schedule	$13.25
J2428	INJ, ERZOFRI, 1 MG	-	-	10/1/2026	Fee Schedule	$15.59
J2430	PAMIDRONATE DISODIUM /30 MG	-	-	1/1/2024	No Separate Payment	$0.00
J2440	PAPAVERIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2460	OXYTETRACYCLINE INJECTION	-	-	1/1/2024	Not Allowed	$0.00
J2468	INJ, PALONOSETRON (POSFREA)	-	-	10/1/2026	Fee Schedule	$54.09
J2469	PALONOSETRON HCL	-	-	1/1/2024	No Separate Payment	$0.00
J2470	INJ PANTOPRAZOLE SODIUM 40MG	-	-	7/1/2024	No Separate Payment	$0.00
J2471	INJ PANTOPRAZOLE(HIKMA) 40MG	-	-	7/1/2024	No Separate Payment	$0.00
J2472	INJ, PANTOPRAZOLE SODIUM CHL	-	-	1/1/2025	No Separate Payment	$0.00
J2501	PARICALCITOL	-	-	7/1/2018	No Separate Payment	$0.00
J2502	INJ, PASIREOTIDE LONG ACTING	-	-	10/1/2026	Fee Schedule	$613.14
J2506	INJ PEGFILGRAST EX BIO 0.5MG	-	-	10/1/2026	Fee Schedule	$201.24
J2507	PEGLOTICASE INJECTION	-	-	10/1/2026	Fee Schedule	$4,000.63
J2508	PEGUNIGALSIDASE ALFA-IWXJ	-	-	10/1/2026	Fee Schedule	$226.00
J2510	PENICILLIN G PROCAINE INJ	-	-	1/1/2026	No Separate Payment	$0.00
J2515	PENTOBARBITAL SODIUM INJ	-	-	10/1/2026	Fee Schedule	$20.31
J2516	INJ, PENTAMIDINE ISETHIONATE	-	-	1/1/2026	No Separate Payment	$0.00
J2540	PENICILLIN G POTASSIUM INJ	-	-	1/1/2024	No Separate Payment	$0.00
J2543	PIPERACILLIN/TAZOBACTAM	-	-	7/1/2018	No Separate Payment	$0.00
J2547	INJECTION, PERAMIVIR	-	-	7/1/2025	Fee Schedule	$1.68
J2550	PROMETHAZINE HCL INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2560	PHENOBARBITAL SODIUM INJ	-	-	10/1/2024	No Separate Payment	$0.00
J2561	INJ, SEZABY, 1 MG	-	-	10/1/2026	Fee Schedule	$0.04
J2562	PLERIXAFOR INJECTION	-	-	10/1/2026	Fee Schedule	$42.94
J2590	OXYTOCIN INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2596	VASOPRESSIN (LONG GROVE) 1 U	-	-	1/1/2026	No Separate Payment	$0.00
J2597	INJ DESMOPRESSIN ACETATE	-	-	1/1/2026	No Separate Payment	$0.00
J2598	INJ, VASOPRESSIN, 1 UNIT	-	-	1/1/2025	No Separate Payment	$0.00
J2599	INJ VASOPRESSIN (AM REG) 1 U	-	-	7/1/2024	No Separate Payment	$0.00
J2601	INJ, VASOPRESSIN (BAXTER)	-	-	10/1/2026	Fee Schedule	$2.33
J2650	PREDNISOLONE ACETATE INJ	-	-	1/1/2024	Not Allowed	$0.00
J2670	TOTAZOLINE HCL INJECTION	-	-	1/1/2023	Not Allowed	$0.00
J2675	INJ PROGESTERONE PER 50 MG	-	-	7/1/2018	No Separate Payment	$0.00
J2679	INJ FLUPHENAZINE HCL 1.25 MG	-	-	1/1/2026	No Separate Payment	$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG	-	-	7/1/2018	No Separate Payment	$0.00
J2690	PROCAINAMIDE HCL INJECTION	-	-	10/1/2026	Fee Schedule	$394.87
J2700	OXACILLIN SODIUM INJECITON	-	-	7/1/2018	No Separate Payment	$0.00
J2704	INJ, PROPOFOL, 10 MG	-	-	1/1/2024	No Separate Payment	$0.00
J2710	NEOSTIGMINE METHYLSLFTE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J2711	INJ NEOSTIGMIN/GLYCOPYRROLAT	-	-	1/1/2026	No Separate Payment	$0.00
J2720	INJ PROTAMINE SULFATE/10 MG	-	-	1/1/2024	No Separate Payment	$0.00
J2724	PROTEIN C CONCENTRATE	-	-	10/1/2026	Fee Schedule	$15.03
J2725	INJ PROTIRELIN PER 250 MCG	-	-	1/1/2023	Not Allowed	$0.00
J2730	PRALIDOXIME CHLORIDE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J2760	PHENTOLAINE MESYLATE INJ	-	-	10/1/2026	Fee Schedule	$296.85
J2765	METOCLOPRAMIDE HCL INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN	-	-	1/1/2026	No Separate Payment	$0.00
J2777	INJ, FARICIMAB-SVOA, 0.1MG	-	-	10/1/2026	Fee Schedule	$31.32
J2778	RANIBIZUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$26.38
J2779	INJ, SUSVIMO 0.1 MG	-	-	10/1/2026	Fee Schedule	$73.54
J2781	INJ, PEGCETACOPLAN, 1MG	-	-	10/1/2026	Fee Schedule	$135.27

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J2782	INJ AVACINCAPTAD PEGOL 0.1MG	-	-	10/1/2026	Fee Schedule	$100.56
J2783	RASBURICASE	-	-	10/1/2026	Fee Schedule	$386.63
J2785	REGADENOSON INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2786	INJECTION, RESLIZUMAB, 1MG	-	-	10/1/2026	Fee Schedule	$11.91
J2787	RIBOFLAVIN 5 PHOS OPTH<=3ML	-	-	1/1/2024	No Separate Payment	$0.00
J2788	RHO D IMMUNE GLOBULIN 50 MCG	-	-	7/1/2018	No Separate Payment	$0.00
J2789	RIBOFLAVIN EPIOXA/HD<=2ML	-	-	10/1/2026	Fee Schedule	$41,359.62
J2790	RHO D IMMUNE GLOBULIN INJ	-	-	1/1/2024	No Separate Payment	$0.00
J2791	RHOPHYLAC INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2792	RHO(D) IMMUNE GLOBULIN H, SD	-	-	10/1/2026	Fee Schedule	$35.40
J2793	RILONACEPT INJECTION	-	-	1/1/2024	Not Allowed	$0.00
J2794	INJ RISPERDAL CONSTA, 0.5 MG	-	-	10/1/2026	Fee Schedule	$10.66
J2795	ROPIVACAINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J2798	INJ., PERSERIS, 0.5 MG	-	-	10/1/2026	Fee Schedule	$12.19
J2799	INJ, UZEDY, 1 MG	-	-	10/1/2026	Fee Schedule	$26.23
J2800	METHOCARBAMOL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J2801	INJ, RYKINDO, 0.5 MG	-	-	7/1/2025	Fee Schedule	$13.03
J2802	INJ, ROMIPLOSTIM 1 MICROGRAM	-	-	10/1/2026	Fee Schedule	$11.71
J2805	SINCALIDE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J2810	INJ THEOPHYLLINE PER 40 MG	-	-	1/1/2024	Not Allowed	$0.00
J2820	SARGRAMOSTIM INJECTION	-	-	10/1/2026	Fee Schedule	$62.47
J2840	INJ SEBELIPASE ALFA 1 MG	-	-	10/1/2026	Fee Schedule	$539.59
J2850	INJ SECRETIN SYNTHETIC HUMAN	-	-	10/1/2026	Fee Schedule	$43.74
J2860	INJECTION, SILTUXIMAB	-	-	10/1/2026	Fee Schedule	$178.43
J2916	NA FERRIC GLUCONATE COMPLEX	-	-	7/1/2018	No Separate Payment	$0.00
J2919	INJ, METHYLPRED SOD SUCC 5MG	-	-	1/1/2026	No Separate Payment	$0.00
J2941	SOMATROPIN INJECTION	-	-	1/1/2025	Fee Schedule	$48.92
J2950	PROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J2993	RETEPLASE INJECTION	-	-	10/1/2025	Fee Schedule	$2,904.58
J2997	ALTEPLASE RECOMBINANT	-	-	10/1/2026	Fee Schedule	$98.42
J2998	INJ PLASMINOGEN TVMH 1MG	-	-	10/1/2026	Fee Schedule	$38.19
J3000	STREPTOMYCIN INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J3010	FENTANYL CITRATE INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG	-	-	1/1/2024	No Separate Payment	$0.00
J3031	INJ., FREMANEZUMAB-VFRM 1 MG	-	-	1/1/2025	No Separate Payment	$0.00
J3032	INJ. EPTINEZUMAB-JJMR 1 MG	-	-	10/1/2026	Fee Schedule	$21.24
J3055	INJ TALQUETAMAB-TGVS 0.25 MG	-	-	10/1/2026	Fee Schedule	$77.47
J3060	INJ, TALIGLUCERASE ALFA 10 U	-	-	10/1/2026	Fee Schedule	$42.47
J3070	PENTAZOCINE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J3090	INJ TEDIZOLID PHOSPHATE	-	-	10/1/2026	Fee Schedule	$2.06
J3095	TELAVANCIN INJECTION	-	-	10/1/2026	Fee Schedule	$8.15
J3101	TENECTEPLASE INJECTION	-	-	10/1/2026	Fee Schedule	$230.74
J3105	TERBUTALINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J3111	INJ. ROMOSOZUMAB-AQQG 1 MG	-	Y	10/1/2026	Fee Schedule	$12.79
J3121	INJ TESTOSTERO ENANTHATE 1MG	-	-	7/1/2018	No Separate Payment	$0.00
J3145	TESTOSTERONE UNDECANOATE 1MG	-	-	10/1/2026	Fee Schedule	$2.20
J3230	CHLORPROMAZINE HCL INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J3240	THYROTROPIN INJECTION	-	-	10/1/2026	Fee Schedule	$2,155.11
J3241	INJ. TEPROTUMUMAB-TRBW 10 MG	-	-	10/1/2026	Fee Schedule	$381.63
J3243	TIGECYCLINE INJECTION	-	-	1/1/2022	No Separate Payment	$0.00
J3244	INJ. TIGECYCLINE (ACCORD)	-	-	1/1/2025	No Separate Payment	$0.00
J3245	INJ., TILDRAKIZUMAB, 1 MG	-	-	10/1/2026	Fee Schedule	$120.97
J3246	TIROFIBAN HCL	-	-	1/1/2025	No Separate Payment	$0.00
J3247	INJ SECUKINUMAB INTRAV 1MG	-	-	10/1/2026	Fee Schedule	$18.13

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J3250	TRIMETHOBENZAMIDE HCL INJ	-	-	7/1/2018	No Separate Payment	$0.00
J3260	TOBRAMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J3262	TOCILIZUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$5.33
J3263	INJ, TORIPALIMAB-TPZI, 1 MG	-	-	10/1/2026	Fee Schedule	$40.66
J3265	INJECTION TORSEMIDE 10 MG/ML	-	-	1/1/2023	Not Allowed	$0.00
J3268	INJECTION, DELAFLOXACIN	-	-	10/1/2026	Not Allowed	$0.00
J3285	TREPROSTINIL INJECTION	-	-	10/1/2026	Fee Schedule	$54.56
J3291	TRANEXAMIC ACID IN SOD CHLOR	-	-	1/1/2026	Not Allowed	$0.00
J3299	INJ XIPERE 1 MG	-	-	10/1/2026	Fee Schedule	$47.71
J3300	TRIAMCINOLONE A INJ PRS-FREE	-	-	10/1/2026	Fee Schedule	$17.20
J3301	TRIAMCINOLONE ACET INJ NOS	-	-	7/1/2018	No Separate Payment	$0.00
J3302	TRIAMCINOLONE DIACETATE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ	-	-	7/1/2018	No Separate Payment	$0.00
J3304	INJ TRIAMCINOLONE ACE XR 1MG	-	-	10/1/2026	Fee Schedule	$19.16
J3315	TRIPTORELIN PAMOATE	-	-	10/1/2026	Fee Schedule	$467.06
J3316	INJ., TRIPTORELIN XR 3.75 MG	-	-	10/1/2026	Fee Schedule	$3,830.44
J3350	UREA INJECTION	-	-	1/1/2026	No Separate Payment	$0.00
J3357	USTEKINUMAB SUB CU INJ, 1 MG	-	-	10/1/2025	Fee Schedule	$149.40
J3358	USTEKINUMAB, IV INJECT, 1 MG	-	-	10/1/2026	Fee Schedule	$10.25
J3360	DIAZEPAM INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J3376	INJ VANCOMYCIN (HIKMA) 10MG	-	-	1/1/2026	No Separate Payment	$0.00
J3379	INJ, VALPROATE SOD, 5 MG	-	-	1/1/2026	No Separate Payment	$0.00
J3380	INJ VEDOLIZUMAB IV 1 MG	-	-	10/1/2026	Fee Schedule	$20.95
J3385	VELAGLUCERASE ALFA	-	-	10/1/2026	Fee Schedule	$393.93
J3386	ETUVETIDIGENE AUTOTEMECEL	-	-	10/1/2026	Not Allowed	$0.00
J3387	INJ ELIVALDOGENE AUTOTEMECEL	-	-	1/1/2026	Not Allowed	$0.00
J3389	TOPI ADM PRAD ZAMI PER TREAT	-	-	1/1/2026	Not Allowed	$0.00
J3393	INJ, BETIBEGLOGENE AUTOTEMCE	-	-	7/1/2024	Not Allowed	$0.00
J3394	INJ, LOVOTIBEGLOGENE AUTOTEM	-	-	7/1/2024	Not Allowed	$0.00
J3396	VERTEPORFIN INJECTION	-	-	10/1/2026	Fee Schedule	$11.34
J3397	INJ., VESTRONIDASE ALFA-VJBK	-	-	10/1/2026	Fee Schedule	$291.91
J3398	INJ LUXTURNA 1 BILLION VEC G	-	-	10/1/2026	Fee Schedule	$3,158.14
J3401	VYJUVEK 5X10 9PFU/ML, 0.1 ML	-	-	10/1/2026	Fee Schedule	$1,029.47
J3403	REVAKINAGENE, PER IMPLANT	-	Y	10/1/2025	Fee Schedule	$0.00
J3404	INJ ZOPAPOGENE PER THER DOSE	-	-	10/1/2026	Not Allowed	$0.00
J3405	INJ ONASE ABEPAR-BRVE TREAT	-	Y	10/1/2026	Not Allowed	$0.00
J3406	INJ OMIDUBICEL-ONLV, TX DOSE	-	-	10/1/2026	Not Allowed	$0.00
J3410	HYDROXYZINE HCL INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J3411	THIAMINE HCL 100 MG	-	-	1/1/2024	No Separate Payment	$0.00
J3415	PYRIDOXINE HCL 100 MG	-	-	1/1/2024	No Separate Payment	$0.00
J3420	VITAMIN B12 INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J3424	INJ HYDROXOCOBALAMIN IV 25MG	-	-	7/1/2026	Fee Schedule	$5.44
J3425	HYDROXOCOBALAMIN IM 10MCG	-	-	1/1/2026	No Separate Payment	$0.00
J3430	VITAMIN K PHYTONADIONE INJ	-	-	1/1/2024	No Separate Payment	$0.00
J3465	INJECTION, VORICONAZOLE	-	-	1/1/2024	No Separate Payment	$0.00
J3470	HYALURONIDASE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J3471	OVINE, UP TO 999 USP UNITS	-	-	1/1/2024	No Separate Payment	$0.00
J3472	OVINE, 1000 USP UNITS	-	-	1/1/2024	No Separate Payment	$0.00
J3473	HYALURONIDASE RECOMBINANT	-	-	1/1/2024	No Separate Payment	$0.00
J3475	INJ MAGNESIUM SULFATE	-	-	1/1/2024	No Separate Payment	$0.00
J3480	INJ POTASSIUM CHLORIDE	-	-	1/1/2024	No Separate Payment	$0.00
J3485	ZIDOVUDINE	-	-	1/1/2026	Fee Schedule	$1.51
J3486	ZIPRASIDONE MESYLATE	-	-	1/1/2024	No Separate Payment	$0.00
J3489	ZOLEDRONIC ACID 1MG	-	-	1/1/2024	No Separate Payment	$0.00

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J3490	DRUGS UNCLASSIFIED INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J3530	NASAL VACCINE INHALATION	-	-	1/1/2024	No Separate Payment	$0.00
J3590	UNCLASSIFIED BIOLOGICS	-	-	1/1/2024	No Separate Payment	$0.00
J7030	NORMAL SALINE SOLUTION INFUS	-	-	1/1/2024	No Separate Payment	$0.00
J7040	NORMAL SALINE SOLUTION INFUS	-	-	1/1/2024	No Separate Payment	$0.00
J7042	5% DEXTROSE/NORMAL SALINE	-	-	1/1/2024	No Separate Payment	$0.00
J7050	NORMAL SALINE SOLUTION INFUS	-	-	7/1/2018	No Separate Payment	$0.00
J7060	5% DEXTROSE/WATER	-	-	7/1/2018	No Separate Payment	$0.00
J7070	D5W INFUSION	-	-	1/1/2024	No Separate Payment	$0.00
J7100	DEXTRAN 40 INFUSION	-	-	1/1/2024	No Separate Payment	$0.00
J7110	DEXTRAN 75 INFUSION	-	-	1/1/2024	No Separate Payment	$0.00
J7120	RINGERS LACTATE INFUSION	-	-	1/1/2024	No Separate Payment	$0.00
J7121	5% DEXTROSE IN LAC RINGERS	-	-	7/1/2018	No Separate Payment	$0.00
J7131	HYPERTONIC SALINE SOL	-	-	1/1/2024	No Separate Payment	$0.00
J7165	INJ, HUMAN-LANS, PER I.U	-	-	10/1/2026	Fee Schedule	$1.71
J7168	PROTHROMBIN COMPLEX KCENTRA	-	-	10/1/2026	Fee Schedule	$1.90
J7169	INJ ANDEXXA, 10 MG	-	-	7/1/2026	Fee Schedule	$131.16
J7170	INJ., EMICIZUMAB-KXWH 0.5 MG	-	-	10/1/2026	Fee Schedule	$58.11
J7171	INJ, ADZYNMA, 10 IU	-	-	10/1/2026	Fee Schedule	$36.38
J7172	INJ MARSTACIM-HNCQ, 0.5 MG	-	-	10/1/2026	Fee Schedule	$50.76
J7173	INJ. CONCIZUMAB-MTCI, 0.5 MG	-	-	10/1/2026	Fee Schedule	$84.78
J7174	INJECTION FITUSIRAN 0.04 MG	-	-	10/1/2026	Fee Schedule	$133.48
J7175	INJ, FACTOR X, (HUMAN), 1IU	-	-	7/1/2026	Fee Schedule	$9.95
J7176	INJ. FESILTY, 1 MG	-	-	7/1/2026	No Separate Payment	$0.00
J7177	INJ., FIBRYGA, 1 MG	-	-	10/1/2026	Fee Schedule	$1.22
J7178	INJ HUMAN FIBRINOGEN CON NOS	-	-	10/1/2026	Fee Schedule	$1.43
J7179	VONVENDI INJ 1 IU VWF:RCO	-	-	7/1/2026	Fee Schedule	$1.83
J7180	FACTOR XIII ANTI-HEM FACTOR	-	-	10/1/2026	Fee Schedule	$11.24
J7181	FACTOR XIII RECOMB A-SUBUNIT	-	-	10/1/2026	Fee Schedule	$19.33
J7182	FACTOR VIII RECOMB NOVOEIGHT	-	-	10/1/2026	Fee Schedule	$1.56
J7183	WILATE INJECTION	-	-	10/1/2026	Fee Schedule	$1.30
J7185	XYNTHA INJ	-	-	10/1/2026	Fee Schedule	$1.37
J7186	ANTIHEMOPHILIC VIII/VWF COMP	-	-	10/1/2026	Fee Schedule	$1.27
J7187	HUMATE-P, INJ	-	-	10/1/2026	Fee Schedule	$1.53
J7188	FACTOR VIII RECOMB OBIZUR	-	-	7/1/2026	Fee Schedule	$3.24
J7189	FACTOR VIIA RECOMB NOVOSEVEN	-	-	10/1/2026	Fee Schedule	$2.77
J7190	FACTOR VIII	-	-	10/1/2026	Fee Schedule	$1.25
J7191	FACTOR VIII (PORCINE)	-	-	1/1/2026	Fee Schedule	$5.46
J7192	FACTOR VIII RECOMBINANT NOS	-	-	10/1/2026	Fee Schedule	$1.62
J7193	FACTOR IX NON-RECOMBINANT	-	-	10/1/2026	Fee Schedule	$1.41
J7194	FACTOR IX COMPLEX	-	-	10/1/2026	Fee Schedule	$1.75
J7195	FACTOR IX RECOMBINANT NOS	-	-	10/1/2026	Fee Schedule	$1.87
J7196	ANTITHROMBIN RECOMBINANT	-	-	1/1/2024	Not Allowed	$0.00
J7197	ANTITHROMBIN III INJECTION	-	-	10/1/2026	Fee Schedule	$4.26
J7198	ANTI-INHIBITOR	-	-	10/1/2026	Fee Schedule	$2.47
J7200	FACTOR IX RECOMBINAN RIXUBIS	-	-	10/1/2026	Fee Schedule	$1.71
J7201	FACTOR IX ALPROLIX RECOMB	-	-	10/1/2026	Fee Schedule	$3.76
J7202	FACTOR IX IDELVION INJ	-	-	10/1/2026	Fee Schedule	$5.49
J7203	FACTOR IX RECOMB GLY REBINYN	-	-	10/1/2026	Fee Schedule	$4.72
J7204	INJ RECOMBIN ESPEROCT PER IU	-	-	10/1/2026	Fee Schedule	$2.36
J7205	FACTOR VIII FC FUSION RECOMB	-	-	10/1/2026	Fee Schedule	$2.56
J7207	FACTOR VIII PEGYLATED RECOMB	-	-	10/1/2026	Fee Schedule	$2.19
J7208	INJ. JIVI 1 IU	-	-	10/1/2026	Fee Schedule	$2.74
J7209	FACTOR VIII NUWIQ RECOMB 1IU	-	-	7/1/2026	Fee Schedule	$1.18

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J7210	INJ, AFSTYLA, 1 I.U.	-	-	10/1/2026	Fee Schedule	$1.61
J7211	INJ, KOVALTRY, 1 I.U.	-	-	10/1/2026	Fee Schedule	$1.57
J7212	FACTOR VIIA RECOMB SEVENFACT	-	-	10/1/2026	Fee Schedule	$2.25
J7213	INJ, IXINITY, 1 I.U.	-	-	10/1/2026	Fee Schedule	$2.04
J7214	ALTUVIIIO PER FACTOR VIII IU	-	-	10/1/2026	Fee Schedule	$4.66
J7299	INTRAUT COPP CONT (MIUDELLA)	-	-	1/1/2026	Not Allowed	$0.00
J7308	AMINOLEVULINIC ACID HCL TOP	-	-	10/1/2026	Fee Schedule	$390.52
J7311	INJ., RETISERT, 0.01 MG	-	Y	10/1/2026	Fee Schedule	$341.13
J7312	DEXAMETHASONE INTRA IMPLANT	-	-	10/1/2026	Fee Schedule	$202.42
J7313	INJ., ILUVIEN, 0.01 MG	-	-	10/1/2026	Fee Schedule	$516.52
J7314	INJ., YUTIQ, 0.01 MG	-	-	10/1/2025	Fee Schedule	$529.89
J7315	OPHTHALMIC MITOMYCIN	-	-	7/1/2018	No Separate Payment	$0.00
J7316	INJ, OCRIPLASMIN, 0.125 MG	-	-	10/1/2024	No Separate Payment	$0.00
J7318	INJ, DUROLANE 1 MG	-	-	10/1/2026	Fee Schedule	$6.31
J7320	GENVISC 850, INJ, 1MG	-	-	10/1/2026	Fee Schedule	$4.23
J7321	HYALGAN SUPARTZ VISCO-3 DOSE	-	-	1/1/2020	No Separate Payment	$0.00
J7322	HYALURONAN, HYMO OR HYMO ONE	-	-	10/1/2026	Fee Schedule	$17.94
J7323	EUFLEXXA INJ PER DOSE	-	-	10/1/2026	Fee Schedule	$103.60
J7324	ORTHOVISC INJ PER DOSE	-	-	10/1/2026	Fee Schedule	$116.79
J7325	SYNVISC OR SYNVISC-ONE	-	-	10/1/2026	Fee Schedule	$6.01
J7326	GEL-ONE	-	-	10/1/2026	Fee Schedule	$524.06
J7327	MONOVISC INJ PER DOSE	-	-	10/1/2026	Fee Schedule	$626.14
J7328	GELSYN-3 INJECTION 0.1 MG	-	-	10/1/2026	Fee Schedule	$0.55
J7329	INJ, TRIVISC 1 MG	-	-	10/1/2026	Fee Schedule	$4.21
J7331	SYNOJOYNT, INJ., 1 MG	-	-	1/1/2025	No Separate Payment	$0.00
J7332	INJ., TRILURON, 1 MG	-	-	10/1/2026	Fee Schedule	$10.19
J7336	CAPSAICIN 8% PATCH	-	-	10/1/2026	Fee Schedule	$3.51
J7340	CARBIDOPA LEVODOPA ENT 100ML	-	-	10/1/2026	Fee Schedule	$243.11
J7342	CIPROFLOXACIN OTIC SUSP 6 MG	-	-	1/1/2025	No Separate Payment	$0.00
J7345	AMINOLEVULINIC ACID, 10% GEL	-	-	10/1/2026	Fee Schedule	$1.85
J7351	INJ BIMATOPROST ITC IMP1MCG	-	-	10/1/2026	Fee Schedule	$213.80
J7352	AFAMELANOTIDE IMPLANT, 1 MG	-	-	10/1/2025	Fee Schedule	$2,943.42
J7353	ANACAULASE-BCDB 8.8% GEL 1 G	-	-	7/1/2025	Fee Schedule	$58.31
J7354	CANTHARIDIN TOP, APPLICATOR	-	-	10/1/2026	Fee Schedule	$683.47
J7355	INJ TRAVOPROST INTRA IMPL	-	-	10/1/2026	Fee Schedule	$196.80
J7402	MOMETASONE SINUS SINUVA	-	-	7/1/2025	Fee Schedule	$11.35
J7500	AZATHIOPRINE ORAL 50MG	-	-	1/1/2024	No Separate Payment	$0.00
J7501	AZATHIOPRINE PARENTERAL	-	-	10/1/2026	Fee Schedule	$240.48
J7502	CYCLOSPORINE ORAL 100 MG	-	-	1/1/2024	No Separate Payment	$0.00
J7503	TACROL ENVARSUS EX REL ORAL	-	-	1/1/2022	No Separate Payment	$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN	-	-	10/1/2026	Fee Schedule	$5,509.07
J7507	TACROLIMUS IMME REL ORAL 1MG	-	-	1/1/2024	No Separate Payment	$0.00
J7508	TACROL ASTAGRAF EX REL ORAL	-	-	1/1/2024	No Separate Payment	$0.00
J7509	METHYLPREDNISOLONE ORAL	-	-	1/1/2024	No Separate Payment	$0.00
J7510	PREDNISOLONE ORAL PER 5 MG	-	-	1/1/2024	No Separate Payment	$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT	-	-	10/1/2026	Fee Schedule	$1,065.84
J7512	PREDNISONE IR OR DR ORAL 1MG	-	-	1/1/2024	No Separate Payment	$0.00
J7515	CYCLOSPORINE ORAL 25 MG	-	-	7/1/2018	No Separate Payment	$0.00
J7516	INJ, CYCLOSPORINE 250MG	-	-	1/1/2024	No Separate Payment	$0.00
J7518	MYCOPHENOLIC ACID	-	-	1/1/2024	No Separate Payment	$0.00
J7520	SIROLIMUS, ORAL	-	-	1/1/2024	No Separate Payment	$0.00
J7524	MYCOPHENOL MOFETIL ORAL 5 MG	-	-	10/1/2026	Not Allowed	$0.00
J7525	TACROLIMUS INJECTION	-	-	10/1/2026	Fee Schedule	$242.07
J7526	INJ MYCOPHENOLA MOFETIL 5 MG	-	-	10/1/2026	Not Allowed	$0.00

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J7527	ORAL EVEROLIMUS	-	-	1/1/2024	No Separate Payment	$0.00
J7529	MYCOP MOFETIL SUSP ORAL 5 MG	-	-	10/1/2026	Not Allowed	$0.00
J7530	MYCOPHENOLAT (MYHIBBIN) 5 MG	-	-	10/1/2026	Not Allowed	$0.00
J7531	PRED SOD PHO ORA DIS TA 1 MG	-	-	10/1/2026	Not Allowed	$0.00
J7599	IMMUNOSUPPRESSIVE DRUG NOC	-	-	1/1/2024	No Separate Payment	$0.00
J7665	MANNITOL FOR INHALER	-	-	1/1/2024	No Separate Payment	$0.00
J7674	METHACHOLINE CHLORIDE, NEB	-	-	7/1/2018	No Separate Payment	$0.00
J7799	NON-INHALATION DRUG FOR DME	-	-	1/1/2024	No Separate Payment	$0.00
J7999	COMPOUNDED DRUG, NOC	-	-	1/1/2024	No Separate Payment	$0.00
J8501	ORAL APREPITANT	-	-	1/1/2024	No Separate Payment	$0.00
J8502	INJ, APONVIE, 1 MG	-	-	10/1/2026	Not Allowed	$0.00
J8510	ORAL BUSULFAN	-	-	1/1/2026	Fee Schedule	$10.12
J8522	CAPECITABINE, ORAL, 50 MG	-	-	7/1/2026	Fee Schedule	$0.03
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG	-	-	1/1/2024	No Separate Payment	$0.00
J8540	ORAL DEXAMETHASONE	-	-	1/1/2024	No Separate Payment	$0.00
J8541	ORAL, HEMADY, 0.25 MG	-	-	1/1/2025	No Separate Payment	$0.00
J8560	ETOPOSIDE ORAL 50 MG	-	-	10/1/2026	Fee Schedule	$88.16
J8565	GEFITINIB ORAL	-	-	1/1/2024	Not Allowed	$0.00
J8597	ANTIEMETIC DRUG ORAL NOS	-	-	1/1/2024	No Separate Payment	$0.00
J8600	MELPHALAN ORAL 2 MG	-	-	1/1/2023	Not Allowed	$0.00
J8610	METHOTREXATE ORAL 2.5 MG	-	-	7/1/2018	No Separate Payment	$0.00
J8611	ORAL METHOTREXATE (JYLAMVO)	-	-	10/1/2026	Fee Schedule	$18.26
J8612	ORAL METHOTREXATE (XATMEP)	-	-	10/1/2026	Fee Schedule	$22.86
J8655	ORAL NETUPITANT, PALONOSETRO	-	-	10/1/2026	Fee Schedule	$455.76
J8670	ROLAPITANT, ORAL, 1MG	-	-	10/1/2025	Fee Schedule	$1.86
J8700	TEMOZOLOMIDE	-	-	7/1/2018	No Separate Payment	$0.00
J8705	TOPOTECAN ORAL	-	-	10/1/2026	Fee Schedule	$125.46
J9000	DOXORUBICIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ	-	-	7/1/2018	Not Allowed	$0.00
J9003	LEUPRO INJ, CAMCEVI ETM, 1MG	-	-	10/1/2026	Not Allowed	$0.00
J9011	DATOPOTAMAB DERUXTECAN, 1 MG	-	-	10/1/2026	Fee Schedule	$52.51
J9015	ALDESLEUKIN INJECTION	-	-	1/1/2026	Fee Schedule	$3,338.87
J9017	ARSENIC TRIOXIDE INJECTION	-	-	1/1/2026	No Separate Payment	$0.00
J9021	INJ, ASPARA, RYLAZE, 0.1 MG	-	-	10/1/2026	Fee Schedule	$59.04
J9022	INJ, ATEZOLIZUMAB,10 MG	-	-	10/1/2026	Fee Schedule	$96.87
J9023	INJECTION, AVELUMAB, 10 MG	-	-	10/1/2026	Fee Schedule	$108.99
J9024	INJ ATEZOLIZUMB 5MG HYA-TQJS	-	-	10/1/2026	Fee Schedule	$32.42
J9025	AZACITIDINE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J9026	INJ, TARLATAMAB-DLLE, 1 MG	-	-	10/1/2026	Fee Schedule	$1,613.75
J9027	CLOFARABINE INJECTION	-	-	10/1/2026	Fee Schedule	$15.52
J9028	INJ, NOGAPENDEKIN PMLN, 1MCG	-	-	10/1/2026	Fee Schedule	$94.14
J9029	INSTILL ADSTILADRIN, TX DOSE	-	Y	10/1/2026	Fee Schedule	$65,200.56
J9030	BCG LIVE INTRAVESICAL 1MG	-	-	10/1/2026	Fee Schedule	$3.53
J9032	INJECTION, BELINOSTAT, 10MG	-	-	10/1/2026	Fee Schedule	$55.53
J9033	INJ, BENDAMUSTINE HCL, 1MG	-	-	10/1/2026	Fee Schedule	$1.85
J9034	INJ., BENDEKA 1 MG	-	-	10/1/2026	Fee Schedule	$11.42
J9035	BEVACIZUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$75.49
J9036	INJ. BELRAPZO/BENDAMUSTINE	-	-	10/1/2026	Fee Schedule	$9.26
J9038	INJ AXATILIMAB-CSFR 0.1 MG	-	-	10/1/2026	Fee Schedule	$56.50
J9039	INJECTION, BLINATUMOMAB	-	-	10/1/2026	Fee Schedule	$173.05
J9040	BLEOMYCIN SULFATE INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J9041	INJECTION, BORTEZOMIB, 0.1MG	-	-	1/1/2025	No Separate Payment	$0.00
J9042	BRENTUXIMAB VEDOTIN INJ	-	-	10/1/2026	Fee Schedule	$279.21
J9043	CABAZITAXEL INJECTION	-	-	10/1/2026	Fee Schedule	$231.69

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J9045	CARBOPLATIN INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J9046	INJ, BORTEZOMIB, DR. REDDY'S	-	-	1/1/2026	Fee Schedule	$3.46
J9047	INJECTION, CARFILZOMIB, 1 MG	-	-	10/1/2026	Fee Schedule	$60.39
J9048	INJ, BORTEZOMIB FRESENIUSKAB	-	-	1/1/2026	Fee Schedule	$6.97
J9049	INJ, BORTEZOMIB, HOSPIRA	-	-	1/1/2025	No Separate Payment	$0.00
J9050	CARMUSTINE INJECTION	-	-	10/1/2026	Fee Schedule	$195.73
J9051	INJ, BORTEZOMIB (MAIA)	-	-	1/1/2026	No Separate Payment	$0.00
J9052	INJ, CARMUSTINE (ACCORD)	-	-	4/1/2025	Fee Schedule	$259.70
J9053	INJ BELANTAMAB MAFODOT BLMF	-	-	10/1/2026	Fee Schedule	$36.20
J9054	INJ BORTEZOMIB BORUZU 0.1 MG	-	-	10/1/2026	Fee Schedule	$23.91
J9055	CETUXIMAB INJECTION	-	-	10/1/2026	Fee Schedule	$80.86
J9056	INJ, VIVIMUSTA, 1 MG	-	-	10/1/2026	Fee Schedule	$28.61
J9057	INJ., COPANLISIB, 1 MG	-	-	4/1/2025	Fee Schedule	$89.16
J9060	CISPLATIN 10 MG INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J9061	INJ, AMIVANTAMAB-VMJW	-	-	10/1/2026	Fee Schedule	$23.62
J9062	INJ AMIVANTAMAB 5MG HYALURON	-	-	10/1/2026	Fee Schedule	$40.49
J9063	INJ, ELAHERE, 1 MG	-	-	10/1/2026	Fee Schedule	$71.58
J9064	INJ, CABAZITAXEL (SANDOZ)	-	-	1/1/2024	Not Allowed	$0.00
J9065	INJ CLADRIBINE PER 1 MG	-	-	10/1/2026	Fee Schedule	$7.87
J9066	INJ BENDAMUSTINE, AVYXA 1MG	-	-	10/1/2026	Not Allowed	$0.00
J9071	INJ CYCLOPHOSPHAMD AUROMEDIC	-	-	10/1/2026	Fee Schedule	$0.47
J9072	INJ CYCLOPHOS FRINDOVYX 5 MG	-	-	10/1/2026	Fee Schedule	$8.12
J9073	INJ CYCLOPHOS DR REDDYS 5 MG	-	-	10/1/2026	Fee Schedule	$0.47
J9074	INJ, CYCLOPHOSPHAMD, SANDOZ	-	-	10/1/2026	Fee Schedule	$3.24
J9075	INJ, CYCLOPHOSPHAMIDE, NOS	-	-	10/1/2026	Fee Schedule	$0.69
J9076	INJ, CYCLOPHOS (BAXTER) 5MG	-	-	10/1/2026	Fee Schedule	$4.60
J9100	CYTARABINE HCL 100 MG INJ	-	-	7/1/2018	No Separate Payment	$0.00
J9118	INJ. CALASPARGASE PEGOL-MKNL	-	-	10/1/2026	Fee Schedule	$86.18
J9119	INJ., CEMIPLIMAB-RWLC, 1 MG	-	-	10/1/2026	Fee Schedule	$30.83
J9120	DACTINOMYCIN INJECTION	-	-	10/1/2026	Fee Schedule	$320.90
J9130	DACARBAZINE 100 MG INJ	-	-	7/1/2018	No Separate Payment	$0.00
J9144	DARATUMUMAB, HYALURONIDASE	-	-	10/1/2026	Fee Schedule	$57.97
J9145	INJECTION, DARATUMUMAB 10 MG	-	-	10/1/2026	Fee Schedule	$75.23
J9150	DAUNORUBICIN INJECTION	-	-	1/1/2026	No Separate Payment	$0.00
J9153	INJ DAUNORUBICIN, CYTARABINE	-	-	10/1/2026	Fee Schedule	$274.30
J9155	DEGARELIX INJECTION	-	-	10/1/2026	Fee Schedule	$4.51
J9161	INJ DENILEUK DIFTI-CXDL 1MCG	-	-	10/1/2025	Not Allowed	$0.00
J9171	DOCETAXEL INJECTION	-	-	1/1/2021	No Separate Payment	$0.00
J9172	DOCETAXEL (DOCIVYX), 1 MG	-	-	10/1/2026	Fee Schedule	$46.19
J9173	INJ., DURVALUMAB, 10 MG	-	-	10/1/2026	Fee Schedule	$87.66
J9174	INJ, DOCETAXEL (BEIZRAY) 1MG	-	-	10/1/2026	Fee Schedule	$46.53
J9175	ELLIOTTS B SOLUTION PER ML	-	-	7/1/2018	No Separate Payment	$0.00
J9176	INJECTION, ELOTUZUMAB, 1MG	-	-	10/1/2026	Fee Schedule	$8.19
J9177	INJ ENFORT VEDO-EJFV 0.25MG	-	-	10/1/2026	Fee Schedule	$36.54
J9178	INJ, EPIRUBICIN HCL, 2 MG	-	-	1/1/2024	No Separate Payment	$0.00
J9179	ERIBULIN MESYLATE INJECTION	-	-	10/1/2026	Fee Schedule	$63.97
J9183	GEMCITABINE INTRAVESICAL SYS	-	-	10/1/2026	Not Allowed	$73,088.26
J9184	INJ GEMCITABIN (AVYXA) 200MG	-	-	10/1/2026	Fee Schedule	$403.47
J9185	FLUDARABINE PHOSPHATE INJ	-	-	1/1/2026	No Separate Payment	$0.00
J9186	INJ ETOPOSIDE (AVYXA), 1 MG	-	-	10/1/2026	Not Allowed	$0.00
J9187	INJ, ETOPOSIDE, 1 MG	-	-	10/1/2026	Not Allowed	$0.00
J9191	INJ FLUOROURACIL (AVYXA)10MG	-	-	10/1/2026	Not Allowed	$0.00
J9192	INJ, FLUOROURACIL, 10 MG	-	-	10/1/2026	Not Allowed	$0.00
J9196	INJ GEMCITABINE HCL (ACCORD)	-	-	1/1/2025	No Separate Payment	$0.00

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J9198	INJ. INFUGEM, 100 MG	-	-	1/1/2024	Fee Schedule	$40.28
J9200	FLOXURIDINE INJECTION	-	-	10/1/2026	Fee Schedule	$4,389.85
J9201	IN GEMCITABINE HCL NOS 200MG	-	-	1/1/2024	No Separate Payment	$0.00
J9202	GOSERELIN ACETATE IMPLANT	-	-	10/1/2025	Fee Schedule	$733.67
J9203	GEMTUZUMAB OZOGAMICIN 0.1 MG	-	-	10/1/2026	Fee Schedule	$247.37
J9204	INJ MOGAMULIZUMAB-KPKC, 1 MG	-	-	10/1/2026	Fee Schedule	$258.54
J9205	INJ IRINOTECAN LIPOSOME 1 MG	-	-	10/1/2026	Fee Schedule	$66.86
J9206	IRINOTECAN INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J9207	IXABEPILONE INJECTION	-	-	10/1/2026	Fee Schedule	$139.50
J9208	IFOSFAMIDE INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J9209	MESNA INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J9210	INJ., EMAPALUMAB-LZSG, 1 MG	-	-	10/1/2026	Fee Schedule	$391.86
J9211	IDARUBICIN HCL INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J9213	INTERFERON ALFA-2A INJ	-	-	1/1/2024	Not Allowed	$0.00
J9214	INTERFERON ALFA-2B INJ	-	-	1/1/2025	No Separate Payment	$0.00
J9215	INTERFERON ALFA-N3 INJ	-	-	1/1/2024	Not Allowed	$0.00
J9216	INTERFERON GAMMA 1-B INJ	-	-	1/1/2024	Not Allowed	$0.00
J9217	LEUPROLIDE ACETATE SUSPNSION	-	-	10/1/2026	Fee Schedule	$188.85
J9218	LEUPROLIDE ACETATE INJECITON	-	-	1/1/2025	No Separate Payment	$0.00
J9219	LEUPROLIDE ACETATE IMPLANT	-	-	1/1/2024	Not Allowed	$0.00
J9220	INDIGOTINDISULFONATE SOD 1MG	-	-	10/1/2026	Fee Schedule	$8.15
J9223	INJ. LURBINECTEDIN, 0.1 MG	-	-	10/1/2026	Fee Schedule	$215.72
J9225	VANTAS IMPLANT	-	-	1/1/2026	No Separate Payment	$0.00
J9226	SUPPRELIN LA IMPLANT	-	-	10/1/2026	Fee Schedule	$37,837.55
J9227	INJ. ISATUXIMAB-IRFC 10 MG	-	-	10/1/2026	Fee Schedule	$89.81
J9228	IPILIMUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$190.43
J9229	INJ INOTUZUMAB OZOGAM 0.1 MG	-	-	10/1/2026	Fee Schedule	$2,873.10
J9230	MECHLORETHAMINE HCL INJ	-	-	1/1/2026	No Separate Payment	$0.00
J9232	INJ DOCETAXEL (HOSPIRA) 1 MG	-	-	10/1/2026	Fee Schedule	$0.51
J9245	INJ MELPHA HYDROCH NOS 50 MG	-	-	10/1/2026	Fee Schedule	$90.03
J9246	INJ., EVOMELA, 1 MG	-	-	10/1/2026	Fee Schedule	$18.57
J9248	INJ MELPHALAN (HEPZATO) 1 MG	-	-	10/1/2026	Fee Schedule	$797.42
J9249	INJ, MELPHALAN (APOTEX) 1 MG	-	-	7/1/2025	Fee Schedule	$64.78
J9255	INJ, METHOTREXATE (ACCORD)	-	-	1/1/2026	No Separate Payment	$0.00
J9256	INJ, NIPOCALIMAB-AAHU, 3 MG	-	-	10/1/2026	Fee Schedule	$32.32
J9260	INJ METHOTREXATE SODIUM 50MG	-	-	1/1/2024	No Separate Payment	$0.00
J9261	NELARABINE INJECTION	-	-	10/1/2026	Fee Schedule	$40.87
J9262	INJ, OMACETAXINE MEP, 0.01MG	-	-	4/1/2025	Fee Schedule	$7.49
J9263	OXALIPLATIN	-	-	7/1/2018	No Separate Payment	$0.00
J9264	PACLITAXEL PROTEIN BOUND	-	-	10/1/2026	Fee Schedule	$3.64
J9266	PEGASPARGASE INJECTION	-	-	10/1/2026	Fee Schedule	$29,845.27
J9267	PACLITAXEL INJECTION	-	-	1/1/2024	No Separate Payment	$0.00
J9268	PENTOSTATIN INJECTION	-	-	10/1/2026	Fee Schedule	$2,612.89
J9269	INJ. TAGRAXOFUSP-ERZS 10 MCG	-	-	10/1/2026	Fee Schedule	$357.29
J9271	INJ PEMBROLIZUMAB	-	-	10/1/2026	Fee Schedule	$62.25
J9272	INJ, DOSTARLIMAB-GXLY, 10 MG	-	-	10/1/2026	Fee Schedule	$250.55
J9273	INJ TISOTU VEDOTIN-TFTV, 1MG	-	-	7/1/2026	Fee Schedule	$196.12
J9274	INJ, TEBENTAFUSP-TEBN, 1 MCG	-	-	10/1/2026	Fee Schedule	$228.01
J9275	INJ COSIBELIMAB-IPDL, 2 MG	-	-	10/1/2026	Fee Schedule	$21.99
J9276	INJ ZANIDATAMAB-HRII, 2 MG	-	-	10/1/2026	Fee Schedule	$25.73
J9277	PEMBROLIZUMAB 1MG BERAHYALUR	-	-	10/1/2026	Not Allowed	$32.13
J9278	INJ, CARBOPLATIN (AVYXA)	-	-	10/1/2026	Not Allowed	$5.24
J9280	MITOMYCIN INJECTION	-	-	10/1/2026	Fee Schedule	$34.84
J9281	MITOMYCIN INSTILLATION	-	-	10/1/2026	Fee Schedule	$329.07

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J9282	MITOMYCIN INTRAVESICAL INST	-	-	10/1/2026	Fee Schedule	$272.92
J9285	INJ, OLARATUMAB, 10 MG	-	-	1/1/2024	Not Allowed	$0.00
J9286	INJ GLOFITAMAB GXBM, 2.5 MG	-	-	10/1/2026	Fee Schedule	$2,859.12
J9289	INJ NIVOLUMAB 2 MG HYALURON	-	-	10/1/2026	Fee Schedule	$27.99
J9292	INJ, PEMETREXED DIPOTASSIUM	-	-	10/1/2026	Fee Schedule	$76.69
J9293	MITOXANTRONE HYDROCHL / 5 MG	-	-	10/1/2026	Fee Schedule	$19.42
J9294	INJ PEMETREXED, HOSPIRA 10MG	-	-	10/1/2026	Fee Schedule	$3.68
J9295	INJECTION, NECITUMUMAB, 1 MG	-	-	7/1/2025	Fee Schedule	$5.73
J9296	INJ PEMETREXED (ACCORD) 10MG	-	-	10/1/2026	No Separate Payment	$0.00
J9297	INJ PEMETREXED (SANDOZ) 10MG	-	-	1/1/2025	No Separate Payment	$0.00
J9298	INJ NIVOL RELATLIMAB 3MG/1MG	-	-	10/1/2026	Fee Schedule	$205.44
J9299	INJECTION, NIVOLUMAB	-	-	10/1/2026	Fee Schedule	$34.19
J9301	OBINUTUZUMAB INJ	-	-	10/1/2026	Fee Schedule	$85.04
J9302	OFATUMUMAB INJECTION	-	-	7/1/2025	Fee Schedule	$62.23
J9303	PANITUMUMAB INJECTION	-	-	10/1/2026	Fee Schedule	$183.28
J9304	INJ. PEMETREXED, 10 MG	-	-	10/1/2026	Fee Schedule	$92.51
J9305	INJ. PEMETREXED NOS 10MG	-	-	10/1/2026	Fee Schedule	$1.23
J9306	INJECTION, PERTUZUMAB, 1 MG	-	-	10/1/2026	Fee Schedule	$17.27
J9307	PRALATREXATE INJECTION	-	-	10/1/2026	Fee Schedule	$384.57
J9308	INJECTION, RAMUCIRUMAB	-	-	10/1/2026	Fee Schedule	$76.40
J9309	INJ, POLATUZUMAB VEDOTIN 1MG	-	-	10/1/2026	Fee Schedule	$144.10
J9311	INJ RITUXIMAB, HYALURONIDASE	-	-	10/1/2026	Fee Schedule	$36.27
J9312	INJ., RITUXIMAB, 10 MG	-	-	10/1/2026	Fee Schedule	$72.09
J9313	INJ., LUMOXITI, 0.01 MG	-	-	7/1/2025	Fee Schedule	$23.39
J9314	INJ PEMETREXED (TEVA) 10MG	-	-	7/1/2026	Fee Schedule	$10.99
J9316	PERTUZU, TRASTUZU, 10 MG	-	-	10/1/2026	Fee Schedule	$59.49
J9317	SACITUZUMAB GOVITECAN-HZIY	-	-	10/1/2026	Fee Schedule	$37.54
J9318	INJ ROMIDEPSIN NON-LYO 0.1MG	-	-	10/1/2026	Fee Schedule	$32.86
J9319	INJ ROMIDEPSIN LYOPHIL 0.1MG	-	-	10/1/2026	Fee Schedule	$32.34
J9320	STREPTOZOCIN INJECTION	-	-	1/1/2026	No Separate Payment	$0.00
J9321	INJ EPCORITAMAB-BYSP 0.16 MG	-	-	10/1/2026	Fee Schedule	$57.98
J9322	INJ PEMETREXED (BLUEPOINT)	-	-	10/1/2025	Fee Schedule	$10.60
J9323	INJ PEMETREXED DITROMETHAMIN	-	-	10/1/2025	Fee Schedule	$0.13
J9324	INJ, PEMRYDI RTU, 10 MG	-	-	10/1/2026	Fee Schedule	$63.58
J9325	INJ TALIMOGENE LAHERPAREPVEC	-	-	10/1/2026	Fee Schedule	$77.66
J9326	TELISOTUZUMAB VEDOTIN-TLLV	-	-	10/1/2026	Fee Schedule	$145.95
J9328	TEMOZOLOMIDE INJECTION	-	-	10/1/2026	Fee Schedule	$10.41
J9329	INJ, TISLELIZUMAB-JSGR	-	-	10/1/2026	Fee Schedule	$58.09
J9330	TEMSIROLIMUS INJECTION	-	-	10/1/2026	Fee Schedule	$27.71
J9331	INJ SIROLIMUS PROT PART 1 MG	-	-	10/1/2026	Fee Schedule	$91.03
J9332	INJ EFGARTIGIMOD 2MG	-	-	10/1/2026	Fee Schedule	$32.35
J9333	INJ ROZANOLIXIZUM-NOLI 1 MG	-	-	10/1/2026	Fee Schedule	$23.63
J9334	INJ EFGART-ALFA 2MG HYA-QVFC	-	-	10/1/2026	Fee Schedule	$33.59
J9341	INJ THIOTEPA (TEPYLUTE) 1 MG	-	-	10/1/2025	Not Allowed	$0.00
J9342	INJ THIOTEPA NOS 1 MG	-	-	10/1/2026	Fee Schedule	$5.87
J9345	INJ, RETIFANLIMAB-DLWR, 1 MG	-	-	10/1/2026	Fee Schedule	$30.93
J9347	INJ, TREMELIMUMAB-ACTL, 1 MG	-	-	10/1/2026	Fee Schedule	$146.99
J9348	INJ. NAXITAMAB-GQGK, 1 MG	-	-	10/1/2026	Fee Schedule	$685.99
J9349	INJ., TAFASITAMAB-CXIX	-	-	10/1/2026	Fee Schedule	$14.43
J9350	INJ MOSUNETUZUMAB-AXGB, 1 MG	-	-	10/1/2026	Fee Schedule	$676.48
J9351	TOPOTECAN INJECTION	-	-	7/1/2018	No Separate Payment	$0.00
J9353	INJ. MARGETUXIMAB-CMKB, 5 MG	-	-	10/1/2026	Fee Schedule	$56.05
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG	-	-	10/1/2026	Fee Schedule	$43.86
J9355	INJ TRASTUZUMAB EXCL BIOSIMI	-	-	10/1/2026	Fee Schedule	$68.87

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J9356	INJ. HERCEPTIN HYLECTA, 10MG	-	-	10/1/2026	Fee Schedule	$58.04
J9357	VALRUBICIN INJECTION	-	-	10/1/2026	Fee Schedule	$1,230.66
J9358	INJ FAM-TRASTU DERU-NXKI 1MG	-	-	10/1/2026	Fee Schedule	$32.65
J9359	INJ LON TESIRIN-LPYL 0.075MG	-	-	10/1/2026	Fee Schedule	$226.57
J9360	VINBLASTINE SULFATE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J9361	INJ, EFBEMALENOGRASTIM ALFA-	-	-	7/1/2024	Not Allowed	$0.00
J9362	INJ, TRABECTEDIN, 0.01 MG	-	-	10/1/2026	Not Allowed	$0.00
J9370	VINCRISTINE SULFATE 1 MG INJ	-	-	7/1/2018	No Separate Payment	$0.00
J9376	INJ POZELIMAB-BBFG, 1 MG	-	-	10/1/2025	Fee Schedule	$91.73
J9380	INJ TECLISTAMAB CQYV 0.5 MG	-	-	10/1/2026	Fee Schedule	$35.82
J9381	INJ TEPLIZUMAB MZWV 5 MCG	-	-	10/1/2026	Fee Schedule	$39.27
J9382	INJ ZENOCUTUZUMAB-ZBCO 1 MG	-	-	10/1/2026	Fee Schedule	$33.87
J9390	VINORELBINE TARTRATE INJ	-	-	7/1/2018	No Separate Payment	$0.00
J9393	INJ, FULVESTRANT (TEVA)	-	-	1/1/2026	Fee Schedule	$41.67
J9394	INJ, FULVESTRANT (FRESENIUS)	-	-	10/1/2026	No Separate Payment	$0.00
J9395	INJECTION, FULVESTRANT	-	-	1/1/2026	No Separate Payment	$0.00
J9400	INJ, ZIV-AFLIBERCEPT, 1MG	-	-	10/1/2026	Fee Schedule	$9.70
J9600	PORFIMER SODIUM INJECTION	-	-	1/1/2025	Fee Schedule	$24,228.42
J9601	INJ LINVOSELTAMAB-GCPT 1 MG	-	-	10/1/2026	Not Allowed	$99.50
J9999	CHEMOTHERAPY DRUG	-	-	7/1/2018	No Separate Payment	$0.00
L1330	STERNOCOSTAL ORTHOSIS PREFAB	-	-	10/1/2026	Not Allowed	$0.00
L1972	ANKL FOOT ORTHO, PREFAB, OFF	-	-	10/1/2026	Not Allowed	$0.00
L2221	ANK MCROP PLANT & DORSI FLEX	-	-	10/1/2026	Not Allowed	$0.00
L5992	LOW PROSTH FOOT SHELL REPL	-	-	10/1/2026	Not Allowed	$0.00
L8600	IMPLANT BREAST SILICONE/EQ	-	-	1/1/2024	No Separate Payment	$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML	-	-	1/1/2024	No Separate Payment	$0.00
L8604	DEXTRANOMER/HYALURONIC ACID	-	-	7/1/2018	No Separate Payment	$0.00
L8605	INJ BULKING AGENT ANAL CANAL	-	-	7/1/2018	No Separate Payment	$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML	-	-	7/1/2018	Not Allowed	$0.00
L8607	INJ VOCAL CORD BULKING AGENT	-	-	7/1/2018	No Separate Payment	$0.00
L8608	ARG II EXT COM/SUP/ACC MISC	-	-	1/1/2024	Not Allowed	$0.00
L8609	ARTIFICIAL CORNEA	-	-	7/1/2018	No Separate Payment	$0.00
L8610	OCULAR IMPLANT	-	-	7/1/2018	No Separate Payment	$0.00
L8612	AQUEOUS SHUNT PROSTHESIS	-	-	1/1/2024	No Separate Payment	$0.00
L8613	OSSICULAR IMPLANT	-	-	1/1/2024	No Separate Payment	$0.00
L8614	COCHLEAR DEVICE	-	-	1/1/2024	No Separate Payment	$0.00
L8630	METACARPOPHALANGEAL IMPLANT	-	-	1/1/2024	No Separate Payment	$0.00
L8631	MCP JOINT REPL 2 PC OR MORE	-	-	7/1/2018	No Separate Payment	$0.00
L8641	METATARSAL JOINT IMPLANT	-	-	7/1/2018	No Separate Payment	$0.00
L8642	HALLUX IMPLANT	-	-	7/1/2018	No Separate Payment	$0.00
L8658	INTERPHALANGEAL JOINT SPACER	-	-	7/1/2018	No Separate Payment	$0.00
L8659	INTERPHALANGEAL JOINT REPL	-	-	7/1/2018	No Separate Payment	$0.00
L8670	VASCULAR GRAFT, SYNTHETIC	-	-	7/1/2018	No Separate Payment	$0.00
L8678	EXT SPLY IMPLT NEUROSTIM	-	-	4/1/2023	No Separate Payment	$0.00
L8679	IMP NEUROSTI PLS GN ANY TYPE	-	-	7/1/2018	No Separate Payment	$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC	-	-	7/1/2018	No Separate Payment	$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP	-	-	7/1/2018	No Separate Payment	$0.00
L8697	EXT PHRENIC STIM ACC REPL EA	-	-	10/1/2026	Not Allowed	$0.00
L8699	PROSTHETIC IMPLANT NOS	-	-	7/1/2018	No Separate Payment	$0.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE	-	-	7/1/2018	No Separate Payment	$0.00
M0231	INF TOCILIZUMAB-BAVI 1ST DOS	-	-	10/1/2026	Not Allowed	$0.00
M0232	INF TOCILIZUMAB-BAVI 2ND DOS	-	-	10/1/2026	Not Allowed	$0.00
M0233	INTRA INF, TOCI, FIRST DOSE	-	-	10/1/2026	Not Allowed	$0.00
M0234	INTRA INF, TOCI, SECOND DOS	-	-	10/1/2026	Not Allowed	$0.00

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M1426	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	$0.00
M1427	DOC MED RSN BONE SCN	-	-	1/1/2026	Not Allowed	$0.00
M1428	BILATERAL ABSENCE OF EYES	-	-	1/1/2026	Not Allowed	$0.00
M1429	RETINOPATHY IN OD, OS, OU	-	-	1/1/2026	Not Allowed	$0.00
M1430	RET EXM OU NO RETINOPTHY DOC	-	-	1/1/2026	Not Allowed	$0.00
M1431	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	$0.00
M1432	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	$0.00
M1433	ORAL CHEMO WTHN 30 DAYS ENC	-	-	1/1/2026	Not Allowed	$0.00
M1434	ORL CHEMO WTHN 30 D POST ENC	-	-	1/1/2026	Not Allowed	$0.00
M1435	ORAL CHEMO IN PERF PD	-	-	1/1/2026	Not Allowed	$0.00
M1436	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	$0.00
M1437	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	$0.00
M1438	LST KNWN WELL <=210 MIN	-	-	1/1/2026	Not Allowed	$0.00
M1439	SIG OCU COND IMP SURG OUT	-	-	1/1/2026	Not Allowed	$0.00
M1440	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	$0.00
M1441	INIT DX SLP APN = 1ST ENC	-	-	1/1/2026	Not Allowed	$0.00
M1442	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	$0.00
M1443	TELEHEALTH ENC	-	-	1/1/2026	Not Allowed	$0.00
M1444	DEL < 39 WEEKS GEST	-	-	1/1/2026	Not Allowed	$0.00
M1445	PP CARE VISIT BY 12 WEEKS	-	-	1/1/2026	Not Allowed	$0.00
M1446	PT DIED BEF END MEAS PD	-	-	1/1/2026	Not Allowed	$0.00
M1447	PT DX BD BEF END MEAS PD	-	-	1/1/2026	Not Allowed	$0.00
M1448	PT DX PD BEF END MEAS PD	-	-	1/1/2026	Not Allowed	$0.00
M1449	PT DX SCZ/PYS BEF END MSR PD	-	-	1/1/2026	Not Allowed	$0.00
M1450	PT HOS/PAL CARE DUR ID/PF PD	-	-	1/1/2026	Not Allowed	$0.00
M1451	PT DX PPD DUR ID/PF PD	-	-	1/1/2026	Not Allowed	$0.00
M1452	PT DX DEMENTIA EVER	-	-	1/1/2026	Not Allowed	$0.00
M1453	PREOP VIS ACU > 20/40	-	-	1/1/2026	Not Allowed	$0.00
M1454	NEW CIED	-	-	1/1/2026	Not Allowed	$0.00
M1455	REP/REV CIED	-	-	1/1/2026	Not Allowed	$0.00
M1456	PT HAD HTX	-	-	1/1/2026	Not Allowed	$0.00
M1457	DX ASTH DUR CRNT/PRV PERF PD	-	-	1/1/2026	Not Allowed	$0.00
M1458	PT DIED BEF END MEAS PD	-	-	1/1/2026	Not Allowed	$0.00
M1459	PT HOSP/PAL CARE DUR PERF PD	-	-	1/1/2026	Not Allowed	$0.00
M1460	DX COPD, CF, OR ARF	-	-	1/1/2026	Not Allowed	$0.00
M1461	PT DX CHRON HEPC	-	-	1/1/2026	Not Allowed	$0.00
M1462	PT CLIN IND HD IMAGE	-	-	1/1/2026	Not Allowed	$0.00
M1463	2 F/U WTHN 180 DAY RX ATMP	-	-	1/1/2026	Not Allowed	$0.00
M1464	NO RECORD OF F/U BY 180 DAYS	-	-	1/1/2026	Not Allowed	$0.00
M1465	F/U > 180 DAYS AFTER RX	-	-	1/1/2026	Not Allowed	$0.00
M1466	PT DISC/LAM PROC SAME DAY	-	-	1/1/2026	Not Allowed	$0.00
M1467	PT DX LYNCH SYN	-	-	1/1/2026	Not Allowed	$0.00
M1468	HEP B VACCINE RECEIVED	-	-	1/1/2026	Not Allowed	$0.00
M1469	HX OF HEP B, OR POS BLD TEST	-	-	1/1/2026	Not Allowed	$0.00
M1470	HEP B VAC NOT REC'D MED RSN	-	-	1/1/2026	Not Allowed	$0.00
M1471	FFS HEP B NOT COVERED	-	-	1/1/2026	Not Allowed	$0.00
M1472	HEP B VACCINE NOT RECEIVED	-	-	1/1/2026	Not Allowed	$0.00
M1473	PT FUNC CAP NOT ALLOW IMPR	-	-	1/1/2026	Not Allowed	$0.00
M1474	PT DX DEMENTIA	-	-	1/1/2026	Not Allowed	$0.00
M1475	PT DX HUNTINGTON	-	-	1/1/2026	Not Allowed	$0.00
M1476	PT DX COG IMP OR AD	-	-	1/1/2026	Not Allowed	$0.00
M1477	DX DELIRIUM	-	-	1/1/2026	Not Allowed	$0.00
M1478	PSYCHOACTIVE SUB ABUSE	-	-	1/1/2026	Not Allowed	$0.00
M1479	PT FUNC CAP NOT ALLOW IMPR	-	-	1/1/2026	Not Allowed	$0.00

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M1480	PT FUNC CAP NOT ALLOW IMPR	-	-	1/1/2026	Not Allowed	$0.00
M1481	PT IN HOSP/PAL CARE WHO DIED	-	-	1/1/2026	Not Allowed	$0.00
M1482	POS QUAN HEP C OR QUAL RNA	-	-	1/1/2026	Not Allowed	$0.00
M1483	NEG QUAN HEP C OR QUAL RNA	-	-	1/1/2026	Not Allowed	$0.00
M1484	NO RPT HCV RNA PERF MED RSN	-	-	1/1/2026	Not Allowed	$0.00
M1485	NEG VIRO RESP HEP C/QUAL RNA	-	-	1/1/2026	Not Allowed	$0.00
M1486	PT ADMITTED TO SNF DUR EVAL	-	-	1/1/2026	Not Allowed	$0.00
M1487	PT ADM TO HOSPICE DUR EVAL	-	-	1/1/2026	Not Allowed	$0.00
M1488	DX DEMENTIA IN MSR TIMEFRAME	-	-	1/1/2026	Not Allowed	$0.00
M1489	PT STATUS DOC	-	-	1/1/2026	Not Allowed	$0.00
M1490	PT STATUS NOT DOC	-	-	1/1/2026	Not Allowed	$0.00
M1491	REC'D ESRD MCP DUR PERF PD	-	-	1/1/2026	Not Allowed	$0.00
M1492	NO REPORTED FALL	-	-	1/1/2026	Not Allowed	$0.00
M1493	NO FALL DOC MED RSN	-	-	1/1/2026	Not Allowed	$0.00
M1494	FALL REP SINCE LAST VISIT	-	-	1/1/2026	Not Allowed	$0.00
M1495	FALL W/ POC, NO FALL	-	-	1/1/2026	Not Allowed	$0.00
M1496	NO DOC OF FALL OR POC	-	-	1/1/2026	Not Allowed	$0.00
M1497	NO DOC FALL MED RSN	-	-	1/1/2026	Not Allowed	$0.00
M1498	DIAGNOSTIC RADIOLOGY MVP	-	-	1/1/2026	Not Allowed	$0.00
M1499	INTERVENTIONAL RADIOLOGY MVP	-	-	1/1/2026	Not Allowed	$0.00
M1500	NEUROPSYCHOLOGY MVP	-	-	1/1/2026	Not Allowed	$0.00
M1501	PATHOLOGY MVP	-	-	1/1/2026	Not Allowed	$0.00
M1502	PODIATRY MVP	-	-	1/1/2026	Not Allowed	$0.00
M1503	VASCULAR SURGERY MVP	-	-	1/1/2026	Not Allowed	$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML	-	-	1/1/2026	Fee Schedule	$10.62
P9045	ALBUMIN (HUMAN), 5%, 250 ML	-	-	7/1/2025	Fee Schedule	$53.08
P9046	ALBUMIN (HUMAN), 25%, 20 ML	-	-	10/1/2026	Fee Schedule	$21.33
P9047	ALBUMIN (HUMAN), 25%, 50ML	-	-	10/1/2026	Fee Schedule	$53.32
P9050	GRANULOCYTES, PHERESIS UNIT	-	-	1/1/2023	Not Allowed	$0.00
Q0035	CARDIOKYMOGRAPHY	-	-	1/1/2024	No Separate Payment	$0.00
Q0092	SET UP PORT XRAY EQUIPMENT	-	-	1/1/2024	No Separate Payment	$0.00
Q0138	FERUMOXYTOL, NON-ESRD	-	-	10/1/2026	Fee Schedule	$0.33
Q0139	FERUMOXYTOL, ESRD USE	-	-	10/1/2026	Fee Schedule	$0.33
Q0155	DRONABINOL (SYNDROS) 0.1 MG	-	-	1/1/2025	No Separate Payment	$0.00
Q0161	CHLORPROMAZINE HCL 5MG ORAL	-	-	7/1/2018	No Separate Payment	$0.00
Q0162	ONDANSETRON ORAL	-	-	7/1/2018	No Separate Payment	$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG	-	-	7/1/2018	No Separate Payment	$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG	-	-	7/1/2018	No Separate Payment	$0.00
Q0166	GRANISETRON HCL 1 MG ORAL	-	-	7/1/2018	No Separate Payment	$0.00
Q0167	DRONABINOL 2.5MG ORAL	-	-	7/1/2018	No Separate Payment	$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL	-	-	7/1/2018	No Separate Payment	$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG	-	-	10/1/2025	No Separate Payment	$0.00
Q0175	PERPHENAZINE 4MG ORAL	-	-	7/1/2018	No Separate Payment	$0.00
Q0177	HYDROXYZINE PAMOATE 25MG	-	-	7/1/2018	No Separate Payment	$0.00
Q0180	DOLASETRON MESYLATE ORAL	-	-	1/1/2026	No Separate Payment	$0.00
Q0181	UNSPECIFIED ORAL ANTI-EMETIC	-	-	7/1/2018	No Separate Payment	$0.00
Q0224	INJ, PEMIVIBART, 4500 MG	-	-	7/1/2024	No Separate Payment	$0.00
Q0234	INJ, TOCILIZUMAB-BAVI, 1MG	-	-	10/1/2026	Not Allowed	$0.00
Q0235	INJ, MONOCLON ANTIBODY, 1 MG	-	-	10/1/2025	No Separate Payment	$0.00
Q0237	INJ, TOCILIZUMAB-ANOH, HOSPI	-	-	10/1/2025	No Separate Payment	$0.00
Q0238	INJ, TOCILIZUMAB-AAZG, HOSPI	-	-	10/1/2026	Not Allowed	$0.00
Q0249	TOCILIZUMAB FOR COVID-19	-	-	10/1/2021	No Separate Payment	$0.00
Q0507	MISC SUP/ACC EXT VAD	-	-	7/1/2018	No Separate Payment	$0.00
Q0508	MIS SUP/ACC IMP VAD	-	-	7/1/2018	No Separate Payment	$0.00

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Q0509	MIS SUP/AC IMP VAD NOPAY MED	-	-	7/1/2018	No Separate Payment	$0.00
Q0515	SERMORELIN ACETATE INJECTION	-	-	1/1/2023	Not Allowed	$0.00
Q2004	BLADDER CALCULI IRRIG SOL	-	-	1/1/2025	No Separate Payment	$0.00
Q2009	FOSPHENYTOIN INJ PE	-	-	10/1/2026	Fee Schedule	$1.55
Q2026	RADIESSE INJECTION	-	-	1/1/2026	Fee Schedule	$349.19
Q2028	INJ, SCULPTRA, 0.5MG	-	-	1/1/2026	Fee Schedule	$2.16
Q2034	AGRIFLU VACCINE	-	-	7/1/2018	No Separate Payment	$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM	-	-	7/1/2018	No Separate Payment	$0.00
Q2039	INFLUENZA VIRUS VACCINE, NOS	-	-	7/1/2018	No Separate Payment	$0.00
Q2043	SIPULEUCEL-T AUTO CD54+	-	-	10/1/2026	Fee Schedule	$55,663.13
Q2049	IMPORTED LIPODOX INJ	-	-	1/1/2026	Fee Schedule	$298.74
Q2050	DOXORUBICIN INJ 10MG	-	-	10/1/2026	Fee Schedule	$97.82
Q3027	INJ BETA INTERFERON IM 1 MCG	-	-	10/1/2025	Fee Schedule	$58.90
Q3031	COLLAGEN SKIN TEST	-	-	7/1/2018	No Separate Payment	$0.00
Q4101	APLIGRAF	-	-	1/1/2026	Fee Schedule	$127.14
Q4102	OASIS WOUND MATRIX	-	-	1/1/2026	Fee Schedule	$127.14
Q4103	OASIS BURN MATRIX	-	-	1/1/2026	Fee Schedule	$127.14
Q4104	INTEGRA BMWD	-	-	1/1/2026	Fee Schedule	$127.14
Q4105	INTEGRA DRT OR OMNIGRAFT	-	-	1/1/2026	Fee Schedule	$127.14
Q4107	GRAFTJACKET	-	-	1/1/2026	Fee Schedule	$127.14
Q4108	INTEGRA MATRIX	-	-	1/1/2026	Fee Schedule	$127.14
Q4110	PRIMATRIX	-	-	1/1/2026	Fee Schedule	$127.14
Q4111	GAMMAGRAFT	-	-	1/1/2026	Fee Schedule	$127.14
Q4112	CYMETRA INJECTABLE	-	-	7/1/2018	No Separate Payment	$0.00
Q4113	GRAFTJACKET XPRESS	-	-	7/1/2018	No Separate Payment	$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRI	-	-	7/1/2018	No Separate Payment	$0.00
Q4115	ALLOSKIN	-	-	1/1/2026	Fee Schedule	$127.14
Q4116	ALLODERM	-	-	1/1/2026	Fee Schedule	$127.14
Q4117	HYALOMATRIX	-	-	1/1/2026	Fee Schedule	$127.14
Q4118	MATRISTEM MICROMATRIX	-	-	7/1/2018	No Separate Payment	$0.00
Q4121	THERASKIN	-	-	1/1/2026	Fee Schedule	$127.14
Q4122	DERMACELL, AWM, POROUS SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4123	ALLOSKIN	-	-	1/1/2026	Fee Schedule	$127.14
Q4124	OASIS TRI-LAYER WOUND MATRIX	-	-	1/1/2026	Fee Schedule	$127.14
Q4125	ARTHROFLEX	-	-	1/1/2026	Fee Schedule	$127.14
Q4126	MEMODERM/DERMA/TRANZ/INTEGUP	-	-	1/1/2026	Fee Schedule	$127.14
Q4127	TALYMED	-	-	1/1/2026	Fee Schedule	$127.14
Q4128	FLEXHD/ALLOPATCHHD/SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4130	STRATTICE TM	-	-	1/1/2026	Fee Schedule	$127.14
Q4132	GRAFIX CORE, GRAFIXPL CORE	-	-	1/1/2026	Fee Schedule	$127.14
Q4133	GRAFIX STRAVIX PRIME PL SQCM	-	-	1/1/2026	Fee Schedule	$127.14
Q4134	HMATRIX	-	-	1/1/2026	Fee Schedule	$127.14
Q4135	MEDISKIN	-	-	1/1/2026	Fee Schedule	$127.14
Q4136	EZDERM	-	-	1/1/2026	Fee Schedule	$127.14
Q4137	AMNIOEXCEL BIODEXCEL 1SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4138	BIODFENCE DRYFLEX, 1CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	-	-	7/1/2018	No Separate Payment	$0.00
Q4140	BIODFENCE 1CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4141	ALLOSKIN AC, 1 CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4142	XCM BIOLOGIC TISS MATRIX 1CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4143	REPRIZA, 1CM	-	-	1/1/2026	Fee Schedule	$127.14

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Q4145	EPIFIX, INJ, 1MG	-	-	7/1/2018	No Separate Payment	$0.00
Q4146	TENSIX, 1CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4147	ARCHITECT ECM PX FX 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4148	NEOX NEOX RT OR CLARIX CORD	-	-	1/1/2026	Fee Schedule	$127.14
Q4149	EXCELLAGEN, 0.1 CC	-	-	7/1/2018	No Separate Payment	$0.00
Q4150	ALLOWRAP DS OR DRY 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4152	DERMAPURE 1 SQUARE CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4153	DERMAVEST, PLURIVEST SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4154	BIOVANCE 1 SQUARE CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4155	NEOXFLO OR CLARIXFLO 1 MG	-	-	7/1/2018	No Separate Payment	$0.00
Q4156	NEOX 100 OR CLARIX 100	-	-	1/1/2026	Fee Schedule	$127.14
Q4157	REVITALON 1 SQUARE CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4158	KERECIS OMEGA3, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4159	AFFINITY1 SQUARE CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4160	NUSHIELD 1 SQUARE CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4161	BIO-CONNEKT PER SQUARE CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4162	WNDEX FLW, BIOSKN FLW, 0.5CC	-	-	7/1/2018	No Separate Payment	$0.00
Q4163	WOUNDEX, BIOSKIN, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4164	HELICOLL, PER SQUARE CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4165	KERAMATRIX, KERASORB SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4166	CYTAL, PER SQUARE CENTIMETER	-	-	1/1/2026	Fee Schedule	$127.14
Q4167	TRUSKIN, PER SQ CENTIMETER	-	-	1/1/2026	Fee Schedule	$127.14
Q4168	AMNIOBAND, 1 MG	-	-	7/1/2018	No Separate Payment	$0.00
Q4169	ARTACENT WOUND, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4170	CYGNUS, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4171	INTERFYL, 1 MG	-	-	7/1/2018	No Separate Payment	$0.00
Q4173	PALINGEN OR PALINGEN XPLUS	-	-	1/1/2026	Fee Schedule	$127.14
Q4174	PALINGEN OR PROMATRX	-	-	7/1/2018	No Separate Payment	$0.00
Q4175	MIRODERM	-	-	1/1/2026	Fee Schedule	$127.14
Q4176	NEOPATCH OR THERION, 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4177	FLOWERAMNIOFLO, 0.1 CC	-	-	7/1/2018	No Separate Payment	$0.00
Q4178	FLOWERAMNIOPATCH, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4179	FLOWERDERM, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4180	REVITA, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4181	AMNIO WOUND, PER SQUARE CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4182	TRANSCYTE, PER SQ CENTIMETER	-	-	1/1/2026	Fee Schedule	$127.14
Q4183	SURGIGRAFT, 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4184	CELLESTA OR DUO PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4185	CELLESTA FLOWAB AMNION 0.5CC	-	-	1/1/2019	No Separate Payment	$0.00
Q4186	EPIFIX 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4187	EPICORD 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4188	AMNIOARMOR 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4189	ARTACENT AC, 1 MG	-	-	1/1/2019	No Separate Payment	$0.00
Q4190	ARTACENT AC 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4191	RESTORIGIN 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4192	RESTORIGIN, 1 CC	-	-	1/1/2019	No Separate Payment	$0.00
Q4193	COLL-E-DERM 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4194	NOVACHOR 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4195	PURAPLY 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4196	PURAPLY AM 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4197	PURAPLY XT 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4198	GENESIS AMNIO MEMBRANE 1SQCM	-	-	1/1/2026	Fee Schedule	$127.14
Q4199	CYGNUS MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14

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Q4200	SKIN TE 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4201	MATRION 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4202	KEROXX (2.5G/CC), 1CC	-	-	1/1/2019	No Separate Payment	$0.00
Q4203	DERMA-GIDE, 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4204	XWRAP 1 SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4205	MEMBRANE GRAFT OR WRAP SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4206	FLUID FLOW OR FLUID GF 1 CC	-	-	7/1/2020	No Separate Payment	$0.00
Q4207	CARBON LIFE, PER SQ CM	-	-	10/1/2026	Not Allowed	$0.00
Q4208	NOVAFIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4209	SURGRAFT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4211	AMNION BIO OR AXOBIO SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4212	ALLOGEN, PER CC	-	-	1/1/2024	No Separate Payment	$0.00
Q4213	ASCENT, 0.5 MG	-	-	1/1/2024	No Separate Payment	$0.00
Q4214	CELLESTA CORD PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4215	AXOLOTL AMBIENT, CRYO 0.1 MG	-	-	1/1/2024	No Separate Payment	$0.00
Q4216	ARTACENT CORD PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4217	WOUNDFIX BIOWOUND PLUS XPLUS	-	-	1/1/2026	Fee Schedule	$127.14
Q4218	SURGICORD PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4219	SURGIGRAFT DUAL PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4220	BELLACELL HD, SUREDERM SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4221	AMNIOWRAP2 PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4222	PROGENAMATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4223	DERMABIND SL OPTIC PER SQ CM	-	-	10/1/2026	Not Allowed	$0.00
Q4224	HHF10-P PER SQ CM	-	-	1/1/2024	No Separate Payment	$0.00
Q4225	AMNIO OR DERMA TL, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4226	MYOWN HARV PREP PROC SQ CM	-	-	7/1/2026	No Separate Payment	$0.00
Q4227	AMNIOCORE PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4229	COGENEX AMNIO MEMB PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4230	COGENEX FLOW AMNION 0.5 CC	-	-	1/1/2024	No Separate Payment	$0.00
Q4232	CORPLEX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4233	SURFACTOR /NUDYN PER 0.5 CC	-	-	1/1/2024	No Separate Payment	$0.00
Q4234	XCELLERATE, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4235	AMNIOREPAIR OR ALTIPLY SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4236	CAREPATCH PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4237	CRYO-CORD, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4238	DERM-MAXX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4239	AMNIO-MAXX OR LITE PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4240	CORECYTE TOPICAL ONLY 0.5 CC	-	-	1/1/2024	No Separate Payment	$0.00
Q4241	POLYCYTE, TOPICAL ONLY 0.5CC	-	-	1/1/2024	No Separate Payment	$0.00
Q4242	AMNIOCYTE PLUS, PER 0.5 CC	-	-	1/1/2024	No Separate Payment	$0.00
Q4243	AMCHOMATRIX, PER SQ CM	-	-	10/1/2026	Not Allowed	$0.00
Q4245	AMNIOTEXT, PER CC	-	-	1/1/2024	No Separate Payment	$0.00
Q4246	CORETEXT OR PROTEXT, PER CC	-	-	1/1/2024	No Separate Payment	$0.00
Q4247	AMNIOTEXT PATCH, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4248	DERMACYTE AMN MEM ALLO SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4249	AMNIPLY, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4250	AMNIOAMP-MP PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4251	VIM, PER SQUARE CENTIMETER	-	-	1/1/2026	Fee Schedule	$127.14
Q4252	VENDAJE, PER SQUARE CENTIMET	-	-	1/1/2026	Fee Schedule	$127.14
Q4253	ZENITH AMNIOTIC MEMBRANE PSC	-	-	1/1/2026	Fee Schedule	$127.14
Q4254	NOVAFIX DL PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4255	REGUARD, TOPICAL USE PER SQ	-	-	1/1/2026	Fee Schedule	$127.14
Q4256	MLG COMPLET, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4257	RELESE, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14

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Q4258	ENVERSE, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4259	CELERA PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4260	SIGNATURE APATCH, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4261	TAG, PER SQUARE CENTIMETER	-	-	1/1/2026	Fee Schedule	$127.14
Q4262	DUAL LAYER IMPAX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4263	SURGRAFT TL, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4264	COCOON MEMBRANE, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4265	NEOSTIM TL PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4266	NEOSTIM PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4267	NEOSTIM DL PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4268	SURGRAFT FT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4269	SURGRAFT XT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4270	COMPLETE SL PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4271	COMPLETE FT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4272	ESANO A, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4273	ESANO AAA, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4274	ESANO AC, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4275	ESANO ACA, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4276	ORION, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4278	EPIEFFECT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4279	VENDAJE AC, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4280	XCELL AMNIO MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4281	BARRERA SLOR DL PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4282	CYGNUS DUAL PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4283	BIOVANCE TRI OR 3L, SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4284	DERMABIND SL, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4285	NUDYN DL OR DL MESH PR SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4286	NUDYN SL OR SLW, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4287	DERMABIND DL, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4288	DERMABIND CH, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4289	REVOSHIELD+ AMNIO, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4290	MEMBRANE WRAP HYDR PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4291	LAMELLAS XT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4292	LAMELLAS, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4293	ACESSO DL, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4294	AMNIO QUAD-CORE, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4295	AMNIO TRI-CORE, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4296	REBOUND MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4297	EMERGE MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4298	AMNICORE PRO, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4299	AMNICORE PRO+, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4300	ACESSO TL, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4301	ACTIVATE MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4302	COMPLETE ACA, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4303	COMPLETE AA, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4304	GRAFIX PLUS, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4305	AMER AM AC TRI-LAY PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4306	AMERIC AMNION AC PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4307	AMERICAN AMNION, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4308	SANOPELLIS, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4309	VIA MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4310	PROCENTA, PER 100 MG	-	-	4/1/2024	No Separate Payment	$0.00
Q4311	ACESSO, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4312	ACESSO AC, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14

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Q4313	DERMABIND FM, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4314	REEVA, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4315	REGENELINK AMNIOTIC MEM ALLO	-	-	1/1/2026	Fee Schedule	$127.14
Q4316	AMCHOPLAST, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4317	VITOGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4318	E-GRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4319	SANOGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4320	PELLOGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4321	RENOGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4322	CAREGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4323	ALLOPLY, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4324	AMNIOTX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4325	ACAPATCH, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4326	WOUNDPLUS, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4327	DUOAMNION, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4328	MOST, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4329	SINGLAY, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4330	TOTAL, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4331	AXOLOTL GRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4332	AXOLOTL DUALGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4333	ARDEOGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4334	AMNIOPLAST 1, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4335	AMNIOPLAST 2, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4336	ARTECENT C, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4337	ARTECENT TRIDENT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4338	ARTACENT VELOS, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4339	ARTACENT VERICLEN, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4340	SIMPLIGRAFT, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4341	SIMPLIMAX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4342	THERAMEND, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4343	DERMACYTE AC MATRX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4344	TRI MEMBRANE WRAP, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4345	MATRIX HD ALLOGRFT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4346	SHELTER DM MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4347	RAMPART DL MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4348	SENTRY SL MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4349	MANTLE DL MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4350	PALISADE DM MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4351	ENCLOSE TL MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4352	OVERLAY SL MATRIX, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4353	XCEED TL MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4354	PALINGEN DL-PALINGEN DL-X	-	-	1/1/2026	Fee Schedule	$127.14
Q4355	ABIO XPL ABIO XPL HY P SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4356	ABIO MEM ABIO HYD PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4357	XWRAP PLUS, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4358	XWRAP DUAL, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4359	CHORIPLY, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4360	AMCHOPLAST FD PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4361	EPIXPRESS, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4362	CYGNUS DISK, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4363	AM BUR MEM HYDRO PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4364	AM BUR XP MEM XPL HY P SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4365	AMNIO BUR DL MEM PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4366	DL AMNIO BUR X-MEM PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14

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Q4367	AMNIOCORE SL, PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4368	AMCHOTHICK PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4369	AMNIOPLAST 3 PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4370	AEROGUARD PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4371	NEOGUARD PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4372	AMCHOPLAST EXCL PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4373	MEMBRANE WRP LT PER SQ CM	-	-	4/1/2026	Fee Schedule	$127.14
Q4375	DUOGRAFT AC PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4376	DUOGRAFT AA PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4377	TRIGRAFT FT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4378	RENEW FT MATRIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4379	AMNIODEFEND FT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4380	ADVOGRAFT ONE PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4382	ADVOGRAFT DUAL PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4383	AXOLOTL GRAFT ULT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4384	AXOLOTL DUAL ULT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4385	APOLLO FT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4386	ACESSO TRIFACA PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4387	NEOTHELIUM FT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4388	NEOTHELIUM 4L PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4389	NEOTHELIUM 4L+ PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4390	ASCENDION PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4391	AMNIOPLAST DOUBLE PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4392	GRAFIX DUO PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4393	SURGRAFT AC PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4394	SURGRAFT ACA PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4395	ACELAGRAFT PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4396	NATALIN PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4397	SUMMIT AAA PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4398	SUMMIT AC PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4399	SUMMIT FX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4400	POLYGON3 PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4401	ABSOLV3 PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4402	XWRAP 2.0 PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4403	XWRAP DUAL PLUS PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4404	XWRAP HYDRO PLUS PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4405	XWRAP FENESTRA PLUS SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4406	XWRAP FENESTRA PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4407	XWRAP TRIBUS PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4408	XWRAP HYDRO PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4409	AMNIOMATRIXF3X PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4410	AMCHOMATRIXDL PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4411	AMNIOMATRIXF4X PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4412	CHORIOFIX PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4413	CYGNUS SOLO PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4414	SIMPLICHOR PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4415	ALEXIGUARD ST-L PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4416	ALEXIGUARD TL-T PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4417	ALEXIGUARD DL-T PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4418	BIOLAB WRAP FLOW PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4419	BIOLAB WRAP FLW LT PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4420	NUFORM PER SQ CM	-	-	1/1/2026	Fee Schedule	$127.14
Q4421	BIOLAB WRAP SOLO PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4422	AC WRAP PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14

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Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q4423	BIOLAB TRI WRAP FL PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4424	REVIVE FT PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4425	REVIVE TL PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4426	DERMBND TL+, TLX PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4427	DERMBND DLN DL+ DLX SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4428	DERMBND SLN SL+ SLX SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4429	DERMBND CHN, CHX PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4431	PMA SKIN SUBSTITUTE, NOS	-	-	1/1/2026	Fee Schedule	$127.14
Q4432	510(K) SKIN SUBS, NOS	-	-	1/1/2026	Fee Schedule	$127.14
Q4433	361 HCT/P SKIN SUBS, NOS	-	-	1/1/2026	Fee Schedule	$127.14
Q4435	RENATI MEMBRANE PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4436	RENATI AC MEMBRANE PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4437	REVIVAL AC PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4438	PRETECT PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4439	INSTAGRAFT PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q4440	CURAMATRIX PER SQ CM	-	-	10/1/2026	Not Allowed	$127.14
Q5098	INJ USTEKINUMAB-SRLF, 1 MG	-	-	10/1/2026	Fee Schedule	$9.27
Q5099	INJ USTEKINUMAB-STBA, 1 MG	-	-	10/1/2026	Fee Schedule	$2.89
Q5100	INJ USTEKINUMAB-KFCE, 1 MG	-	-	10/1/2026	Fee Schedule	$3.08
Q5101	INJECTION, ZARXIO	-	-	10/1/2026	Fee Schedule	$0.34
Q5103	INJECTION, INFLECTRA	-	-	10/1/2026	Fee Schedule	$28.46
Q5104	INJECTION, RENFLEXIS	-	-	10/1/2026	Fee Schedule	$25.65
Q5105	INJ RETACRIT ESRD ON DIALYSI	-	-	1/1/2026	No Separate Payment	$0.00
Q5106	INJ RETACRIT NON-ESRD USE	-	-	10/1/2026	Fee Schedule	$8.17
Q5107	INJ MVASI 10 MG	-	-	10/1/2026	Fee Schedule	$28.29
Q5108	INJECTION, FULPHILA	-	-	10/1/2026	Fee Schedule	$55.96
Q5110	NIVESTYM	-	-	10/1/2026	Fee Schedule	$0.33
Q5111	INJECTION, UDENYCA 0.5 MG	-	-	10/1/2026	Fee Schedule	$128.97
Q5112	INJ ONTRUZANT 10 MG	-	-	10/1/2026	Fee Schedule	$32.79
Q5113	INJ HERZUMA 10 MG	-	-	10/1/2026	Fee Schedule	$55.30
Q5114	INJ OGIVRI 10 MG	-	-	10/1/2026	Fee Schedule	$29.51
Q5115	INJ TRUXIMA 10 MG	-	-	10/1/2026	Fee Schedule	$35.99
Q5116	INJ., TRAZIMERA, 10 MG	-	-	10/1/2026	Fee Schedule	$11.27
Q5117	INJ., KANJINTI, 10 MG	-	-	10/1/2026	Fee Schedule	$63.87
Q5118	INJ., ZIRABEV, 10 MG	-	-	10/1/2026	Fee Schedule	$25.94
Q5119	INJ RUXIENCE, 10 MG	-	-	10/1/2026	Fee Schedule	$5.79
Q5120	INJ PEGFILGRASTIM-BMEZ 0.5MG	-	-	10/1/2026	Fee Schedule	$302.25
Q5121	INJ. AVSOLA, 10 MG	-	-	10/1/2026	Fee Schedule	$34.69
Q5122	INJ, NYVEPRIA	-	-	10/1/2026	Fee Schedule	$141.29
Q5123	INJ. RIABNI, 10 MG	-	-	10/1/2026	Fee Schedule	$21.08
Q5124	INJ. BYOOVIZ, 0.1 MG	-	-	10/1/2026	Fee Schedule	$249.49
Q5125	INJ, RELEUKO 1 MCG	-	-	10/1/2026	Fee Schedule	$0.31
Q5126	INJ ALYMSYS 10 MG	-	-	10/1/2026	Fee Schedule	$79.98
Q5127	INJ, STIMUFEND, 0.5 MG	-	-	10/1/2026	Fee Schedule	$163.95
Q5128	INJ, CIMERLI, 0.1 MG	-	-	10/1/2026	Fee Schedule	$81.13
Q5129	INJ, VEGZELMA, 10 MG	-	-	10/1/2026	Fee Schedule	$21.14
Q5130	INJ, FYLNETRA, 0.5 MG	-	-	10/1/2026	Fee Schedule	$94.29
Q5133	INJ, TOFIDENCE, 1 MG	-	-	10/1/2026	Fee Schedule	$4.71
Q5134	INJ, TYRUKO, 1 MG	-	-	10/1/2026	Fee Schedule	$24.40
Q5135	INJ, TYENNE, 1 MG	-	-	10/1/2026	Fee Schedule	$4.37
Q5136	INJ. DENOSUMAB-BBDZ, 1 MG	-	-	10/1/2026	Fee Schedule	$26.99
Q5137	INJ, WEZLANA, SUB CU, 1 MG	-	-	1/1/2025	Not Allowed	$0.00
Q5138	INJ, WEZLANA, IV, 1 MG	-	-	10/1/2026	Fee Schedule	$2.27
Q5140	INJ ADALIMUMAB-FKJP, 1 MG	-	-	10/1/2025	Fee Schedule	$13.18

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Q5141	INJ ADALIMUMAB-AATY, 1 MG	-	-	10/1/2025	Fee Schedule	$13.75
Q5142	INJ ADALIMUMAB-RYVK, 1 MG	-	-	10/1/2025	Fee Schedule	$10.47
Q5143	INJ ADALIMUMAB-ADBM, 1 MG	-	-	7/1/2025	Fee Schedule	$10.43
Q5144	INJ, IDACIO, 1 MG	-	-	10/1/2025	Fee Schedule	$7.69
Q5145	INJ, ABRILADA, 1 MG	-	-	10/1/2025	Fee Schedule	$19.47
Q5146	INJ, HERCESSI, 10 MG	-	-	10/1/2026	Fee Schedule	$30.26
Q5147	INJ, AFLIBERCEPT-AYYH, 1 MG	-	-	10/1/2026	Fee Schedule	$763.38
Q5148	INJ, NYPOSI 1 MCG	-	-	7/1/2026	Fee Schedule	$1.03
Q5149	INJ, AFLIBERCEPT-ABZV, 1 MG	-	-	10/1/2025	Not Allowed	$0.00
Q5150	INJ, AFLIBERCEPT-MRBB, 1 MG	-	-	10/1/2025	Not Allowed	$0.00
Q5151	INJ, ECULIZUMAB-AAGH, 2 MG	-	-	10/1/2026	Fee Schedule	$31.55
Q5152	INJ, ECULIZUMAB-AEEB, 2 MG	-	-	10/1/2026	Fee Schedule	$40.41
Q5153	INJ, AFLIBERCEPT-YSZY, 1 MG	-	-	10/1/2025	Not Allowed	$0.00
Q5154	INJ, OMLYCLO, 5 MG	-	-	10/1/2025	Not Allowed	$0.00
Q5155	INJ, AFLIBERCEPT-JBVF, 1 MG	-	-	10/1/2025	Not Allowed	$0.00
Q5156	INJ, TOCILIZUMAB-ANOH, 1 MG	-	-	10/1/2026	Fee Schedule	$3.10
Q5157	INJ, DENOSUMAB-BMWO, 1 MG	-	-	10/1/2026	Fee Schedule	$24.00
Q5158	INJ, DENOSUMAB-BNHT, 1 MG	-	-	10/1/2026	Fee Schedule	$28.70
Q5159	INJ, DENOSUMAB-DSSB, 1 MG	-	-	10/1/2025	Not Allowed	$0.00
Q5160	INJ, JOBEVNE, 10 MG	-	-	10/1/2026	Fee Schedule	$82.14
Q5161	INJ, DENOSUMAB-KYQQ, 1 MG	-	-	10/1/2026	Fee Schedule	$27.51
Q5162	INJ, DEN (BIL/BIL), BIO, 1MG	-	-	10/1/2026	Not Allowed	$15.84
Q5164	USTEKINUMAB-HMNY, 1 MG	-	-	7/1/2026	No Separate Payment	$0.00
Q5165	INJ, DENOSUMAB-MOBZ, 1 MG	-	-	7/1/2026	No Separate Payment	$0.00
Q5166	INJ, DENOSUMAB-DESU, 1 MG	-	-	10/1/2026	Fee Schedule	$29.72
Q5167	INJ, DENOSUMAB-QBDE, 1 MG	-	-	10/1/2026	Fee Schedule	$7.68
Q5168	INJ. NUFYMCO, 0.1 MG	-	-	10/1/2026	Fee Schedule	$26.38
Q5169	INJ, ARMLUPEG, 0.5 MG	-	-	10/1/2026	Fee Schedule	$519.48
Q5170	INJ, AFLIBERCEPT-BOAV, 1 MG	-	-	7/1/2026	No Separate Payment	$0.00
Q5171	INJ, DEN (BONCRES), BIO, 1MG	-	-	7/1/2026	No Separate Payment	$0.00
Q5172	INJ, FILKRI, 1 MCG	-	-	10/1/2026	Not Allowed	$0.00
Q5173	INJ, DENOSUMAB-ADET, 1 MG	-	-	10/1/2026	Not Allowed	$0.00
Q9950	INJ SULF HEXA LIPID MICROSPH	-	-	10/1/2020	No Separate Payment	$0.00
Q9951	LOCM >= 400 MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9954	ORAL MR CONTRAST, 100 ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9956	INJ OCTAFLUOROPROPANE MIC,ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML	-	-	7/1/2018	No Separate Payment	$0.00
Q9968	VISUALIZATION ADJUNCT	-	-	10/1/2026	Fee Schedule	$8.54
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC	-	-	1/1/2026	Fee Schedule	$1,944.01
Q9983	FLORBETABEN F18 DIAGNOSTIC	-	-	1/1/2026	Fee Schedule	$1,584.67
Q9991	BUPRENORPH XR 100 MG OR LESS	-	-	7/1/2026	Not Allowed	$0.00
Q9992	BUPRENORPHINE XR OVER 100 MG	-	-	7/1/2026	Not Allowed	$0.00

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Montana Healthcare Programs Fee Schedule
ASC Covered Surgical and Ancillary Services
October 1, 2026

Proc Code	Proc Description	Multiple Procedure	PA	Effective	Method	Fee
Q9996	USTEKINUMAB- TTWE SUB CU INJ	-	-	1/1/2025	Not Allowed	$0.00
Q9997	USTEKINUMAB-TTWE IV INJ 1 MG	-	-	10/1/2026	Fee Schedule	$8.59
Q9998	INJ USTEKINUMAB-AEKN, 1 MG	-	-	10/1/2026	Fee Schedule	$10.48
Q9999	INJ USTEKINUMAB-AAUZ 1 MG	-	-	10/1/2026	Fee Schedule	$13.25
V2630	ANTER CHAMBER INTRAOCUL LENS	-	-	7/1/2018	No Separate Payment	$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS	-	-	7/1/2018	No Separate Payment	$0.00
V2632	POST CHMBR INTRAOCULAR LENS	-	-	7/1/2018	No Separate Payment	$0.00
V2785	CORNEAL TISSUE PROCESSING	-	-	4/1/2016	Fee Schedule	$0.00
V2790	AMNIOTIC MEMBRANE	-	-	1/1/2025	No Separate Payment	$0.00

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